Families First®

Because Children Should Never Come Last

Families First Annual Outcomes Report

January 2013

Report covers data for the period of

July 1, 2011 through June 30, 2012

Christy L. Winter, LMSW

Director of Continuous Quality Improvement and Practice-Based Research

Assistance provided by Karen Anderson, CQI and Evaluation Coordinator, and Cathy Pallon, CQI and Compliance Coordinator, as well as many students and volunteers

For any questions about the data presented in this report, please email Christy Winter at cwinter@familiesfirst.org

Executive Summary

Families First is proud to present its Fiscal Year 2011 – 2012 Annual Outcomes Report. This sixth annual report is the continuation of our commitment to lead in outcome measurement in family and human services and highlight Families First's achievements, impact, and progress. Over the past fiscal year, we have made tremendous progress in refining a culture that values, measures and utilizes outcomes data. We strive to continuously improve our service delivery and program interventions as well program evaluation and outcome measurement processes each year in order to achieve excellent results and demonstrate our dedication to ensuring that we provide high quality services to our clients and the community we serve.

Given the general lack of benchmarking data from similar programs in the field, Families First continues to serve as a leader in outcome measurement and practice-based research. Internally, we utilize data to improve our services and set realistic targets for our programs. Given the scarcity of accessible outcome measurement data in the field, Families First also hopes this report serves as an example to other agencies that may wish to develop their own outcomes reporting system. As more agencies collect and share similar comprehensive data, it will hopefully facilitate shared collaboration and acceleration of best practices locally, regionally, and nationally to help establish standard benchmarks and targets for the field.

Below are some of our most significant achievements in FY11-12. The full report, which follows, includes further details related to each program.

Agency – Who we served

- Served 38,040 individuals

Child and Youth Permanency Impact Area

- Adoption Program
    - Served 7,620 individuals
    - Placed 35 children in adoptive homes
    - 70% finalization rate of adoptive placements
    - Parents demonstrated a statistically significant increase in their knowledge about adoption-related issues ($p<.001$)
- Post Adoption Services Program
    - Served 1,697 individuals
    - Parents demonstrated a statistically significant increase in their knowledge about adoption-related issues ($p<.01$)
    - 100% of clients gained new knowledge about personal history and 90% learned more about their birth family through our Reunion Registry services

- Foster Care Program
    - Served 132 children and youth
    - 100% of our children and youth were protected from repeat maltreatment
    - 94% of our children and youth remained in one placement while in our care
    - 75% of children and youth achieved permanency
    - 91% of our children and youth in foster homes progressed to the next grade level
    - 100% of the youth in Independent Living were employed and 57% were interested and were enrolled in higher education
- Residential Living Programs
    - Served 84 children and youth
    - 100% of our youth were protected from repeat maltreatment
    - 83% of youth achieved or made progress on treatment goals
    - 27% of our hard to place youth achieved permanency
- Permanency Connections
    - Served 264 individuals
    - 41 youth successfully engaged with a permanency resource
    - 29% of those youth achieved permanency
    - 67% of volunteer mentors increased knowledge about positive youth development
    - 97% of Teen Success members maintained family size
    - 78% of youth receiving LIPS services progressed to the next grade level and 75% of high school graduates enrolled in post secondary education

Healthy Families and Relationships Impact Area

- Counseling, Connections and Support Program
    - Served 5,678 individuals
    - 83% of clients reported overall psychosocial improvement
    - 92% of clients achieved or made progress on treatment goals
    - 63% of clients receiving FVIP services demonstrated positive changes in beliefs and attitudes
- Effective and Nurturing Parenting Program
    - Served 10,187 individuals
    - 69% of clients receiving Parenting Time services achieved or made progress on treatment goals
    - 39% of non-custodial parents receiving Parenting Time services had at least one visitation with his/her child

- Children who attended a Rollercoasters or What About Me seminar demonstrated a statistically significant increase in their ability to deal with their parents' divorce (p<.01)
- Healthy Babies, Healthy Moms Program
  - Served 643 individuals
  - 93% of babies born were of healthy weight (>5.5 pounds)
  - 91% of babies were born full term (>37 weeks)
  - 83% of clients returned to school after giving birth
  - 91% of clients reported using birth control 6 weeks after giving birth
- School Success Program
  - Served 373 parents and children
  - 100% of parents participated in school activities
  - 86% of children had perfect attendance
  - 72% of children in Kindergarten passed the GKids baseline exam

Family Sustainability and Empowerment Impact Area

- Transitional and Supportive Housing Program
  - Served 218 individuals
  - 77% of clients maintained stable housing for more than one year
  - 81% of clients achieved or made progress on treatment goals
  - 76% of clients who left the program successfully transitioned into stable, permanent housing
- Community Support Services Program
  - Served 2,356 individuals
  - Clients found services helpful ($\bar{x}$ = 3.60 out of 4)
  - Clients report they will use what they learned ($\bar{x}$ = 3.36 out of 4)
  - Clients were satisfied with services ($\bar{x}$ = 3.47 out of 4)
- Ways to Work Program
  - Served 680 individuals
  - 75% of participants increased their financial literacy (p<.001)
  - 70 loans were submitted to the loan committee and 45 were approved

Table of Contents

Introduction

Families First is the oldest and one of the largest non-profit, family service agencies in Georgia, serving metropolitan Atlanta for over 120 years. We have 16 offices and service facilities throughout metropolitan Atlanta with several programs operating state-wide.

Our Mission: *To ensure the success of children in jeopardy by empowering families*.

Our Vision*: A community where all children and families flourish*.

Our Impact Statement: *By 2020, 200,000[1] additional children and youth in Metropolitan Atlanta[2] facing chronic economic, social or health challenges will succeed in safe, stable, nurturing homes with self-sufficient families—surrounded by a community which champions public policy that promotes the well-being of all children and families*.

In order to fulfill our mission, vision and impact, Families First works to create communities where all children have the opportunity to succeed, flourish and give back. We provide direct services that enhance the well-being of children and families in jeopardy, creating families who are self-sufficient amid the storms of life. We help all children thrive in permanent, stable homes surrounded by supportive communities. Families First believes that when a community actively supports families, then families in turn will nurture successful children who are better equipped to transform and strengthen the community. Accordingly, our solutions focus on three impact areas necessary for child well-being and family self-sufficiency.

(1) Child & Youth Permanency—We foster long lasting, loving relationships for children through adoption, post adoption services, foster care, residential living, and permanency

---

[1] Calculation of target – The base year count equals the average children in care 2007-2009 or 14,000. The rate of growth starts at 1%, increasing by an additional 1% annually, for a total in year 10 of 10%. This represents unduplicated numbers of children in care each year. However, an individual child may be served in more than one year. In 2020, it is anticipated that the agency will serve approximately 9% of the children and youth in poverty in metro Atlanta; up from 6% in 2009.
[2] Metropolitan Atlanta is defined as Fulton, DeKalb, Cobb, Gwinnett, Clayton, and Douglas Counties

connections to help ensure long-term stability and a supportive environment for children and youth whose lives have been disrupted;

(2) Family Sustainability and Empowerment—We provide families the tools, skills, and support they need to be self-sufficient through supportive and transitional housing, community support, and asset development;

(3) Healthy Families and Relationships —We help families raise children who succeed, flourish, and give back through counseling, parenting, school success, and healthy babies, healthy moms to equip parents and families with critical skills for building strong family relationships.

Families First values and invests in quality services and programs, which is demonstrated by our commitment to utilizing best practices whenever possible. Evidence Based Practice (EBP) is a growing trend in human services, which means that an organization's operations are guided by research, literature, and data. The concept of EBP originated, and is primarily dominated by the medical field. Since it is a relatively new concept and movement in social services, the amount of available and relevant research is limited. This limitation presents an opportunity and, arguably an obligation for Families First to lead in implementing, evaluating, and reporting evidence-based social service practices in real world practice settings with diverse populations. This process will lead to Practice Based Evidence (PBE)*:* interventions that have been adopted or adapted from the extant research and then subsequently evaluated in the context of Families First's "real world" laboratory. Specifically, this means that Families First may choose not to purchase or employ an EBP model promoted by others, but instead choose to implement interventions or components that the research indicates are effective for the populations we serve and will likely achieve the goals and impact desired. Employing this PBE process may afford Families First the opportunity to generate evidence regarding new interventions and practice models based on our rich history and longevity in providing high quality, effective services. Our focus on generating practice based evidence led to the creation of Families First's Continuous Quality Improvement (CQI) and Practice Based Research Department in 2009.

This Annual Outcomes Report represents Families First's work in and commitment to generating Practice Based Research. Our commitment to Practice Based Research is exemplified by Priority 2 of our Strategic Plan, *Building Agency Knowledge and Context to Create a Learning Organization*; investment in our dedicated Continuous Quality Improvement (CQI) and Practice Based Research department; employment of regular and systematic outcome measurement; implementation of full scale program evaluations and research projects; and the longevity and demonstrated effectiveness of many of our programs.

Families First is not only committed to measuring and reporting outcomes, but in truly utilizing the data to guide and improve our services through our internal CQI processes. In FY09-10

Families First developed and implemented a pilot system to track and monitor performance of the intended outcomes of our services. Over the past 2 years, we have continued to improve and fully integrate this system in the agency. This systematic process entails each program and department in the agency developing a CQI Plan that outlines goals, objectives, and targets to be measured. All goals and objectives are designed to measure the impact of services in an effort to move Families First from being "outputs" focused to being "outcomes" driven. Quarterly, program leadership meets and discusses outcomes data to monitor progress towards respective targets and to elicit interdisciplinary feedback and assistance to address obstacles and challenges.

This report presents data collected from Families First's programs and services for the period July 1, 2011 through June 30, 2012. The data presented utilize various methods of data collection and analysis. In 2005, Families First implemented an integrated web-based system and recently (2012) upgraded the system to an ONC-ATCB Certified Electronic Health Record (EHR) system. This system allows Families First to track client and case-related information as well as performs administrative functions for the agency. To supplement the data in this system, Families First administers paper and pencil measurement surveys, online surveys, and conducts focus groups and interviews with key stakeholders. Over the past year, we have made great strides towards refining our data measurement and collection tools as well as supplementing quantitative data with qualitative data to better understand the impact of our services. Families First has also replaced post surveys with pre/post tests in order to more accurately measure changes in knowledge. Data are analyzed using Excel and SPSS. To assist in data analysis, Families First contracts with an evaluation consultant, Dr. Mary Ohmer, of Georgia State University.

The outcomes data presented in this report are primarily in two (2) forms:

1. Percentage of people who achieved an outcome; and
2. Whether or not improvements were statistically significant. Statistical significance means that the result is unlikely to have been caused by chance and is likely to be caused by the intervention. Data collected in pre-post tests are subjected to a paired samples t-test to determine if the improvements demonstrated are statistically significant. For the purpose of our analysis, Families First uses the generally accepted standard measure of statistical significance of $p<.05$. The lower the p value, the less likely the change can be attributed to chance.

Additionally, Families First is making a conscious effort to implement more formalized evaluations of programs. This is evidenced by the initiation of several internal program evaluations as well as contracting with outside evaluation consultants to evaluate our

programs. In some of Families First's programs, the funder provides for an independent evaluator and will be indicated in the report. We are pleased and excited to share our 2011-2012 Annual Outcomes Report with <u>you</u>, our stakeholder.

Families First Agency Wide Data

In FY11-12, Families First served **38,040**[3] individuals in its programs compared to 43,330 in FY10-11, which is a 12.2% decrease in clients served from last year. This decrease can be accounted for by the significant reduction in mental health funding for the Counseling Program, a decrease in staffing by 5.5%, and improved data tracking and system clean-up. For demographic data on who we served, please see Table 1.

Table 1: Agency Demographics (n=38,040)

Gender	#	%
Male	14839	39%
Female	19012	50%
Unknown	4189	11%
Race	**#**	**%**
African-American	18665	49%
Asian	209	1%
Caucasian	10417	27%
Hispanic	2534	7%
Other	452	1%
Unknown	5763	15%
Age	**#**	**%**
Age 0-5	3771	10%
Age 6-11	4925	13%
Age 12-17	3726	10%
Age 18-25	3221	9%
Age 26-36	6722	18%
Age 37-46	5862	15%
Age 47-59	2716	7%
Age Over 60	1683	4%
Unknown Age	5414	14%
County	**#**	**%**
Butts	18	<1%
Cherokee	396	1%
Clayton	2210	6%

---

[3] This number includes all programs in addition to the number of Telephone Service Only (TSO) clients served (5,002) and clients the Families First Call Center referred to third party entities (3,106). TSO clients started the intake process, but did not actually open a case.

Cobb	7127	19%
Coweta	466	1%
DeKalb	3864	10%
Douglas	764	2%
Fayette	284	1%
Fulton	13687	36%
Gwinnett	2737	7%
Henry	429	1%
Paulding	206	1%
Rockdale	289	1%
Outside metro area	3466	9%
Unknown	2097	6%
Income Level	**#**	**%**
Below 200% of poverty level	15734	41%
Above 200% of poverty level	2984	8%
Unknown income	19322	51%

Supplemental Survey Summary

In January 2011, a supplemental survey was implemented to collect additional client data. This survey is a permanent part of the new client intake process for all programs in the agency with the exception of Adoption, Foster Care, and Residential Living programs. With our conversion of the Electronic Health Record system, this paper and pencil survey will now be part of the electronic intake and assessment process in FY11-12. At the close of FY11-12, **950** surveys were completed and returned to the CQI Department for entry and analysis. The results are outlined below:

Transportation

Main method of transportation* (n=950)
  Walk = 7.8% (74)
  Bus = 19.5% (185)
  Train =8.4% (80)
  Single occupancy vehicle = 70% (665)
  Carpool = 3.9% (37)
  Bicycle=1.6% (15)
  Taxi=0.4%(4)
  Other=5.8% (55)
*total equals more than 100% because some clients selected more than one option

Housing

Gross household income used for housing including utilities (n=899)

  Less than half = 17.4% (156)
  More than half = 61% (548)
  Don't know = 21.7% (195)

Number of people in household (n=940)

  One = 10.9% (102)
  Two = 20.1% (189)
  Three = 21.9% (206)
  Four = 22.1% (208)
  Five = 12.7% (119)
  Six or more = 12.3% (116)

Current housing type (n=494)

  Single family home = 44.1% (218)
  Condo/townhouse = 9.3% (46)
  Apartment = 38.3% (189)
  Transitional/shelter = 2.6% (13)
  Trailer/Mobile Home = 3.8% (19)
  Other=1.8% (9)

Current housing situation (n=931)

  Own = 18.2% (169)
  Rent = 57% (531)
  Homeless = 2.5% (23)
  Living with friend = 4.9% (46)
  Living with relative = 13.1% (122)
  Other=4.3% (40)

Number of places spent the night in the past 30 days (n=808)

  One = 79.2% (640)
  Two = 13.1% (106)
  Three = 4.2% (34)
  Four = 1.7% (14)
  Five or more = 1.7% (14)

Places spent the night in the last 30 days* (n=917)

  Transitional housing = 4.5% (41)
  Permanent housing = 8% (73)
  Jail/prison = 1.1% (10)
  Emergency shelter=0.8% (7)
  Rented room, house or apartment = 40.1% (368)
  Owned house or apartment = 21% (192)
  Stayed with family members = 17.8% (163)
  Stayed with friends = 7.2% (66)

Hotel/motel paid with voucher = 1.7% (16)
Homeless=0.7% (6)
Psychiatric Hospital=0.3% (3)
Substance abuse treatment facility=0.3% (3)
Hospital (non psychiatric)=0.2% (2)
Foster care home=0.4% (4)
Other=6.1% (56)
total equals more than 100% because some clients selected more than one option

Employment

Current employment status* (n=948)
Full time = 23.3% (221)
Part time = 16.4% (155)
Self employed = 7.3% (69)
Unemployed = 36% (341)
Homemaker = 5.9% (56)
Student = 10% (95)
Disabled = 5.9% (56)
Retired= 1% (9)
Other=2% (19)
total equals more than 100% because some clients selected more than one option

Length of time in current position (n=140)
4 weeks or less = 7.1% (10)
1 -2 months = 7.9% (11)
3-4 months = 5.7% (8)
5 – 6 months = 5.7% (8)
7 – 8 months = 2.1% (3)
9 – 10 months = 2.1% (3)
11-12 months=2.9% (4)
1 -2 years = 27.1% (38)
3-4 years = 13.6% (19)
5-6 years = 10% (14)
7-8 years = 4.3% (6)
9-10 years=2.9% (4)
More than 10 years = 8.6% (12)

Length of time unemployed (n=121)
4 weeks or less = 4.1% (5)
1 -2 months = 9.1% (11)
3-4 months = 6.6% (8)
5 – 6 months = 8.3% (10)
7 – 8 months = 2.5% (3)
9-10 months = 4.1% (5)
11-12 months = 3.3% (4)
1 -2 years = 41.3% (50)

3-4 years = 10.7% (13)
5-6 years=3.3% (4)
9-10 years = 1.7% (2)
More than 10 years = 5% (6)

Health

Health Insurance status (n=909)
Insured through employer = 14.6% (133)
Purchase on insurance (self employed) = 3.3% (30)
Insurance benefits from government = 22.3% (203)
Uninsured = 59.7% (543)

Primary source of healthcare* (n=923)
Primary care physician = 35.3% (326)
Emergency room = 17.8% (164)
Public health clinic = 30.2% (279)
Urgent care clinic = 4.1% (38)
VA= 0.5% (5)
Other=11.9% (110)
*total equals more than 100% because some clients selected more than one option

Health conditions* (n=412)
Anemia = 8% (33)
Asthma = 10.7% (44)
Cancer=0.7%(3)
Cystic Fibrosis=1% (4)
Fibromyalgia=1.2% (5)
Multiple Sclerosis=0.2% (1)
Muscular Dystrophy=0.5% (2)
Parkinson's Disease=0.2% (1)
Sickle Cell Anemia=0.7% (3)
Heart disease = 3.0% (12)
Diabetes =5.1% (21)
High blood pressure=13.9% (57)
Lung disease = 1.5% (6)
Other = 18.4% (76)
None = 46.6% (192)
*total equals more than 100% because some clients selected more than one option

Entitlement Benefits

Benefits receiving* (n=907)
WIC=16.8% (152)
Food Stamps = 34.5% (313)
Medicare = 5.8% (53)
Medicaid = 22.2% (201)

Housing subsidy/Section 8 vouchers = 3.5% (32)
Energy assistance = 1.0% (9)
Temporary Assistance for Needy Families (TANF) = 2.4% (22)
Unemployment insurance = 3.3% (30)
Social Security Income (SSI) = 4.9% (44)
Social Security Disability Insurance (SSDI) = 4.3% (39)
Other = 3.1% (28)
None = 36.1% (327)
total equals more than 100% because some clients selected more than one option

Children under the age of 18

Children under the age of 18 living in the household (n=821)
0=26.9% (221)
1=27.3% (224)
2=24.8% (204)
3=13.2% (108)
4=5% (41)
5+=2.7% (23)

Children under the age 18 that the client is responsible for (n=765)
0=23.9% (183)
1=29.5% (226)
2=25.5% (195)
3=12.9% (99)
4=5.4% (41)
5+=2.7% (21)

Children under the age of 18 not living with the clients (n=704)
0=73.2% (515)
1=13.6% (96)
2=7.2% (51)
3=2.1% (15)
4=2.4% (17)
5+=1.3% (10)

Technology

Know how to use a computer (n=888)
Yes = 85.9% (763)
No = 14.1% (125)

Know how to access the internet* (n=897)
Work = 20.7% (186)
Home = 61.3% (550)
Phone = 26.8% (240)
Library or community center = 21.6% (194)

Other = 7.7% (69)
No access = 7.9% (71)
total equals more than 100% because some clients selected more than one option

Email address (n=894)
Yes = 80.5% (n=720)
No = 19.5% (n=174)

Cell Phone (n=799)
Yes = 88.1% (n=705)
No =11.9% (n=94)

In need of a cell phone (n=192)
Yes = 48.4% (93)
No = 51.6% (99)

Social Media Utilization (n=890)
Facebook = 54.4% (484)
MySpace = 7.9% (70)
Twitter = 12.1% (108)
Linked In = 10% (89)
You Tube = 22.1% (197)
Flickr= 1.7% (15)
Skype= 0.1% (1)
Other=6.1% (54)
total equals more than 100% because some clients selected more than one option

Qualitative Data – Analyzed

Services needed in addition to the primary service receiving from Families First (number of people who expressed the need)
Housing = 27
Employment = 21
Transportation = 6
Education = 5
Child care = 2
Health insurance =17
Utility assistance = 3
Financial assistance = 19
Medication = 3
Legal services = 2
Marital counseling =4
Family counseling = 5
Individual counseling = 6
Household items =5
Other = 50

Child and Youth Permanency

Adoption

Post-Adoptive Family Resources

Foster Care and Independent Living

Residential Living

Permanency Connections

Adoption Program

The Adoption Program is comprised of international and domestic home study and post placement services as well as special needs home study, placement, and post placement services. International and domestic adoption services are provided to individuals, couples and families seeking to adopt a child within the United States and/or internationally. The services provided include parent training and preparation, home studies, placement approval and post adoption services such as post placement home visits and supervision. International and domestic services do not include placement of children for adoption, but work closely with the client's placement resource.

The special needs adoption services are provided to individuals, couples, and families seeking to adopt a child from the foster care system. The services provided include recruitment, parent training (IMPACT) and preparation, home studies, placement approval and post adoption services including post-placement reports and supervision. These services are delivered in partnership with Families First and the Georgia Department of Human Services (DHS), as well as other out-of-state public agencies, to assist in the placement of a child(ren) in state custody.

Through this wide array of adoption services, Families First served **7,620** individuals in FY11-12. For demographic data on served, please see Table 2.1.

Table 2.1: Adoption Demographics (n=7620)

Gender	#	%
Male	3236	42%
Female	4384	58%
Race	**#**	**%**
African-American	2964	39%
Asian	101	1%
Caucasian	4200	55%
Hispanic	175	2%
Other	180	2%
Age	**#**	**%**
Age 0-5	702	9%
Age 6-11	1151	15%
Age 12-17	855	11%
Age 18-25	255	3%
Age 26-36	1017	13%
Age 37-46	2080	27%
Age 47-59	1193	16%
Age Over 60	367	5%

County	#	%
Butts	3	0%
Cherokee	148	2%
Clayton	127	2%
Cobb	182	2%
Coweta	131	2%
DeKalb	571	7%
Douglas	67	1%
Fayette	169	2%
Fulton	2307	30%
Gwinnett	488	6%
Henry	89	1%
Paulding	33	1%
Rockdale	84	1%
Outside metro area	2682	35%
Unknown	539	7%
Income Level	**#**	**%**
Above 200% of poverty level	243	3%
Below 200% of poverty level	2530	33%
Unknown income	4847	64%

Adoption Outputs

Adoption services primarily include trainings, educational groups/seminars, home studies, and post placement services. For details on the services provided, please see Chart 2.1.

Chart 2.1: Adoption Services

Orientation Groups	Impact Training Sessions	Adoption Post Placement	Home Studies Completed	Home Study Updates/Addendums
128	625	337	124	61
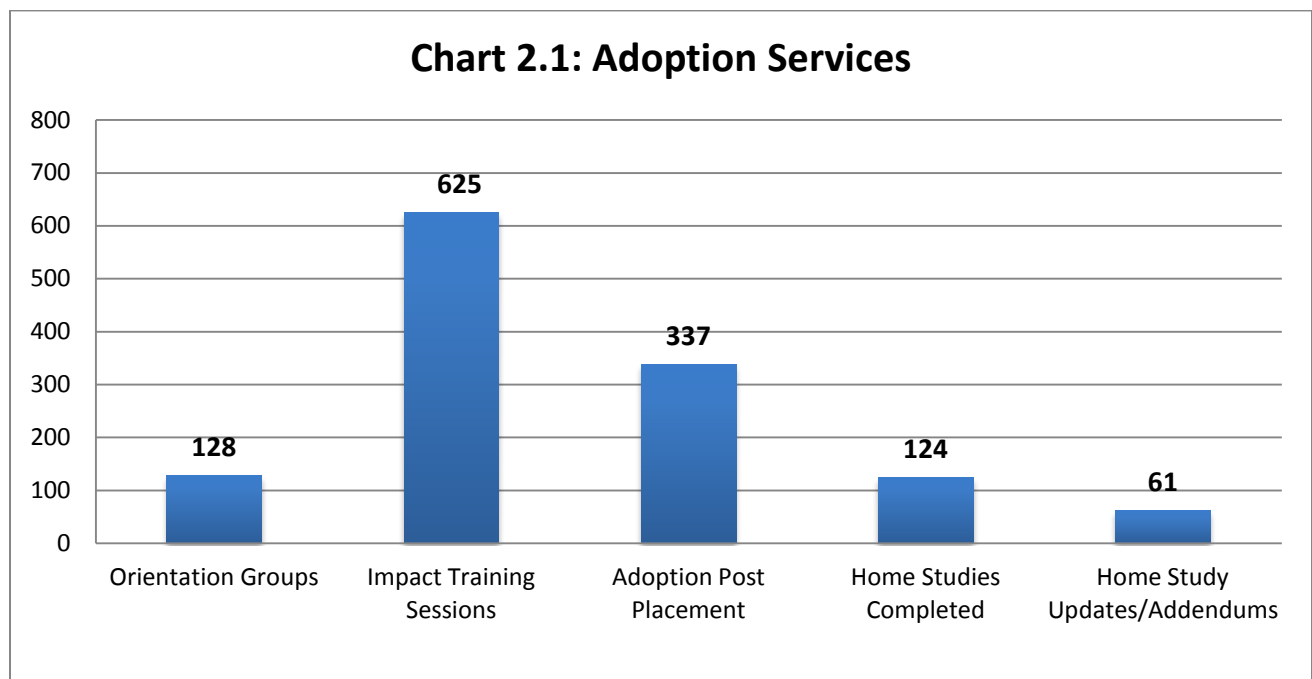
Adoption Outcomes

Key goals of the Adoption Program include increasing the stability of placements and preventing disruptions. Outcomes for these goals were measured only with people receiving special needs services since this is the only service in which we are involved in the placement of a child.

During FY11 - 12, the Special Needs program achieved the following outcomes:

- 35 children were placed in adoptive homes
  - o   19 adoptions were finalized
  - o   8 adoptions are progressing to finalization
  - o   8 placements disrupted (See Chart 2.2)
- No known dissolutions occurred
- 100% of children were protected from maltreatment during the placement and post placement process

Chart 2.2: Special Needs Disruption Rate* (n=27)

- 30%
- 70%
- Adoption Finalized
- Adoption Disrupted

*This rate is calculated based on the # of finalizations and # disruptions - does not count those in process
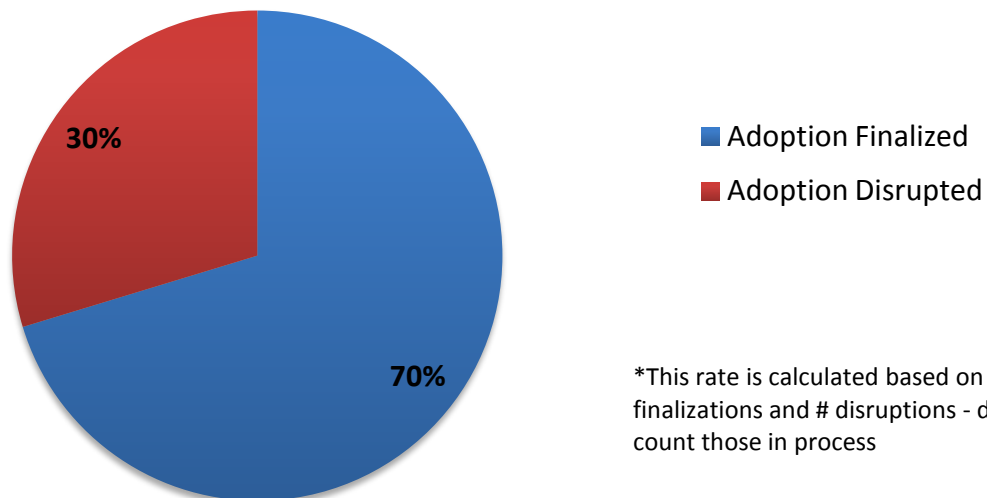
Additional goals in the Adoption program are to ensure parental engagement in the child's life and increase parenting knowledge and skills. In FY11-12 we implemented two (2) additional adoption performance measures: the Post Placement Addendum and the Impact Training pre-post surveys. The purpose of the Post Placement Addendum is to measure the level of the

adoptive parents' engagement in the child's life.   This measure was developed in partnership with program staff, CQI staff and input from the Child and Youth Permanency Advisory Board, which includes parents of adopted children and adult adopted persons. Please see Table 2.2 for these results.

Another key component of the Adoption Program is training and preparation activities. These activities are designed to increase parents' knowledge in preparation for, during, and after the adoption process. In late FY10-11 Families First developed and implemented a pre-post test specific to our IMPACT training, which measures the increase in knowledge as a result of this intensive training course. These data are presented in Table 2.3.

Table 2.2: Parental Engagement

Question: *the higher score is better and improvement is measured by an **increase** from the pre to post mean score*	N	Intake Mean	1st Follow-up Mean	2nd Follow-up Mean	p value *(probability the improvements were due to chance)* ***Asterisks indicate statistically significant improvements***
Total Parental Engagement Score	10	26.2	27.1	27.1	.095 *(promising)*

p< 0.05*   *p<0.01***   *p<0.001****   *ns = not significant*

Table 2.3: Parenting Knowledge and Preparation

Question: *the higher score is better and improvement is measured by an **increase** from the pre to post mean score*	N	Pre Mean score	Post Mean Score	p value *(probability the improvements were due to chance)* ***Asterisks indicate statistically significant improvements***
Overall Score	87	22.14	23.2	.001***

p< 0.05*   *p<0.01***   *p<0.001****   *ns = not significant*

	N	Pre-Post Difference Mean score	Percent of Increase	Percent of people who improved
Difference Between Pre and Post Scores	89	1.06	4.79%	87.3%

Adoption Outcomes Summary and Improvement Initiatives

Families First's Adoption Program reported many successes in FY11 – 12 including hosting a number of events to inform and engage our community about the needs of children to find

permanency through adoption. We were also successful in preparing parents and families for adoption through various training sessions; parents demonstrated a statistically significant increase in knowledge (p<.001). Even with the small sample size for our new measure of parental engagement (n=10), the results indicate that our supportive services may be helping parents with the bonding and engagement process, which are both crucial to the success of an adoptive placement. Additionally, we had no substantiated cases of maltreatment in our adoptive placements.

Our special needs services had a 30% disruption rate in FY11-12 compared to 27% in FY10-11. According to the Children's Bureau, this disruption rate is slightly higher than average disruption rates, which ranges from 10-25%[4]. In response to these data, we have initiated the following improvements:

- Re-evaluate our training curriculum and identifying potential supplemental training opportunities.
- Increase the number of adoptive parent training hours required by 25%
- As appropriate, we will seek additional, corroborating information about a child's history
- Re-evaluate staff's caseload size
- Research and implement ways to assess and measure bonding, which we believe will inform our work with the families and our efforts to strengthen placements and minimize disruptions.

Post Adoptive Family Resources

The Post Adoptive Family Resources Program consists of two main services, both of which are offered state-wide: The Georgia Center for Resources and Support (GACRS) and The Georgia Adoption Reunion Registry. GACRS is co-managed by Families First and Bethany Christian Services and employs education strategies to increase resources and supportive services for adoptive and foster families and reduce the incidence of adoption disruption.

The Georgia Adoption Reunion Registry offers services to birth parents, adopted persons, adoptive parents and siblings who are affected by adoptions finalized in Georgia. Service recipients include the following*:*

- Adopted persons whose adoption was finalized in the state of Georgia
- Birth parents whose children were placed for adoption in Georgia
- Siblings separated by adoption in Georgia

---

[4] http://www.childwelfare.gov/pubs/s_disrup.cfm

- Adoptive parents of children whose adoption was finalized in the state of Georgia
- Children of deceased adopted persons
- Parents or siblings of deceased birth parents

In FY11-12, Families First's Post Adoptive Family Resources Program served **1,697** individuals. GACRS services were provided to **1,071** individuals (parent/caller and child). There were 620 new callers served as well as 436 adoptive families and 307 foster families served. Reunion Registry services were provided to **626** individuals. For geographic related information of callers served in GACRS , please see Table 3.1. For additional demographics for Reunion Registry, please see Table 3.4.

Georgia Center for Resources and Support

Table 3.1: GACRS (n=1071)

County	#	%
Butts	0	0%
Cherokee	16	1%
Clayton	50	5%
Cobb	62	6%
Coweta	6	1%
DeKalb	88	8%
Douglas	24	2%
Fayette	18	2%
Fulton	234	22%
Gwinnett	114	11%
Henry	43	4%
Paulding	10	1%
Rockdale	5	0%
Outside metro area	78	7%
Unknown	323	30%

Chart 3.1: Children served (n=362)

- Adopted Children
- Foster Children
- Biological Children

5%
11%
84%
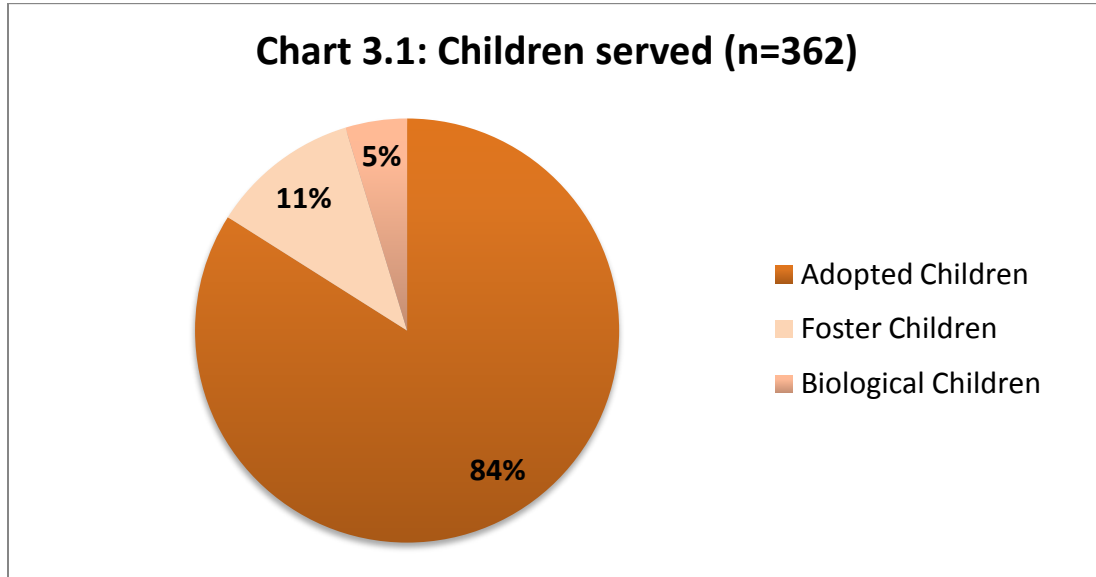
GACRS Outputs

GACRS services consist of referrals and support activities provided by statewide advisors; numerous training and education events; support groups; comprehensive website of adoption resources; adoption and foster care family events and activities; lending library; and, dedicated chat rooms. For details on GACRS activities, please see Chart 3.2.

Chart 3.2: Services Provided- Adoption & Foster Care Resource Center

Adoption Education Seminars	2
Other	2
Training	123
Lending Library Items Checked Out	457
New Resources Screened & Added	2506
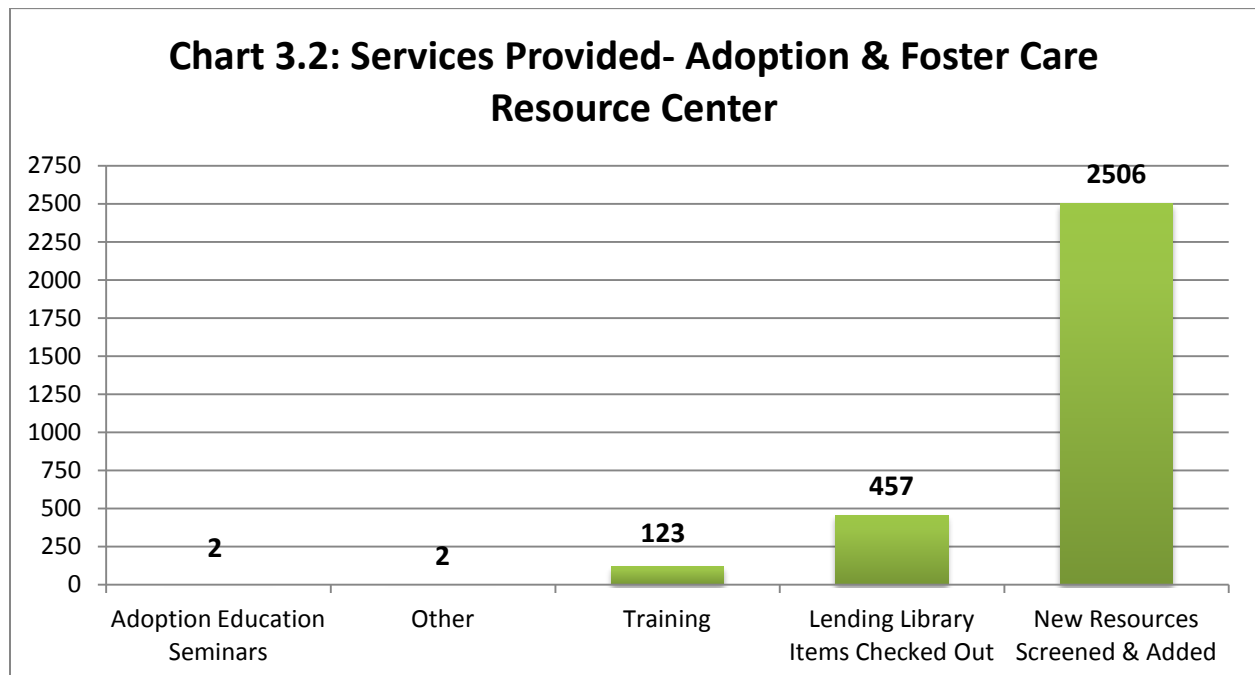
GACRS Outcomes

The goal of GACRS is to increase resources and support for adoptive and foster families and reduce the incidence of adoption disruption in Georgia. To achieve these goals, Families First works with families to increase their knowledge about child development and adoption specific issues as well as to ensure families are finding the services and resources they need. The increase in knowledge is measured through pre-post tests specific to each type of training to ensure that participants are learning new information and the training course is effective. Additionally, satisfaction surveys are administered at regional events. For these outcomes, please see Tables 3.2 – 3.3.

Tables 3.2: Parenting Knowledge

Improvement is defined by an increase in the mean score from pre to post test	N	**Pre Mean score**	**Post Mean Score**	**p value** *(probability the improvements were due to chance)* **Asterisks indicate statistically significant improvements**
Training Pre-Post Scores	360	78.85	86.38	.003**

p< 0.05*   p<0.01**   p<0.001***   ns = not significant

	N	**Pre-Post Difference Mean score**	**Percent of Increase**	**Percent of People who Increased**
Difference Between Pre and Post Scores	360	7.53	9.55%	41.4%

Table 3.3: Training Satisfaction

Question	N	Yes	No
Did you learn new information today?	118	96.6% (114)	3.4% (4)
Would you attend this kind of event again?	139	100% (139)	--
Will this workshop help you to parent your 0-5 year old better?	43	93.0% (40)	7.0%(3)
Do you know more about child development now?	46	89.1% (41)	10.9% (5)
Would you tell someone else about this service?	29	100% (29)	--

Reunion Registry

Table 3.4: Reunion Registry's Demographics (n=626)

Gender	#	%
Male	250	40%
Female	376	60%
Race	**#**	**%**
African-American	88	14%
Asian	1	0%
Caucasian	525	84%
Hispanic	1	0%
Other	11	2%
Age	**#**	**%**
Age 0-5	43	7%
Age 6-11	71	11%
Age 12-17	93	15%
Age 18-25	78	12%
Age 26-36	82	13%
Age 37-46	117	19%
Age 47-59	92	15%
Age Over 60	50	8%
County	**#**	**%**
Butts	2	0%
Cherokee	9	1%
Clayton	35	6%
Cobb	10	2%
Coweta	9	1%
DeKalb	11	2%
Douglas	6	1%
Fayette	3	0%
Fulton	34	5%
Gwinnett	31	5%
Henry	11	2%
Paulding	3	0%
Rockdale	2	0%
Outside metro area	16	3%
Unknown	444	71%
Income Level	**#**	**%**
Above 200% of the poverty level	481	77%
Below 200% of the poverty level	136	22%
Unknown Income	9	1%

Reunion Registry's Outputs

The Reunion Registry's services include providing non-identifying information to adult adopted persons and parents of minors; search services to adult adopted persons, birth parents, and adult siblings; reunion registration services to birth parents; and support groups for those individuals going through the search and reunion process. For details on services provided, please see Chart 3.3.

Chart 3.3: Reunion Registry Services

Service	Value
Consultations	96
Conference presentations	3
Info packets	169
Non-ID Summaries	244
Registrations	102
Searches	291
Support Groups	12
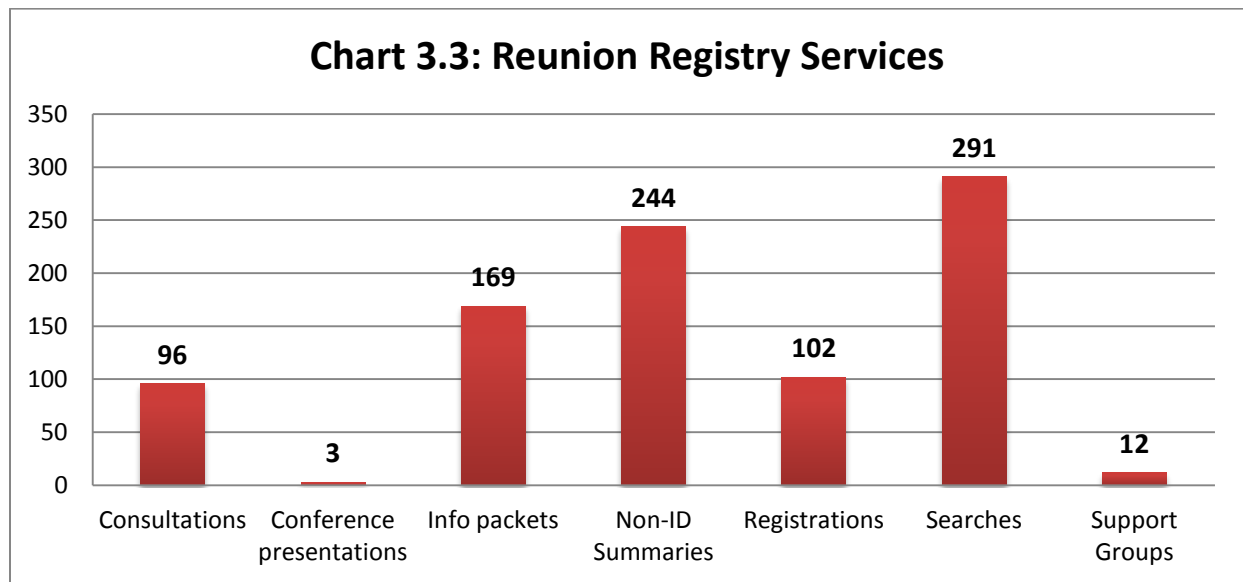
Reunion Registry's Outcomes

The Reunion Registry focuses on assisting clients in increasing their knowledge about their personal history and their birth family or adopted child as well as preparing, helping and supporting individuals through the search and reunion process. For outcomes, please see Charts 3.4 and 3.5.

Chart 3.4: Search Outcomes (n=284)

- Successful Reunion
- Contact established, but undecided
- Birth Parents Deceased; no siblings
- Birth Parents Deceased; siblings consented
- Birth Parents Deceased; no sibling consent
- Siblings deceased
- Adoptees deceased
- Birth parents found and no consent
- Unable to locate

20%
50%
8%
2%
4%
1%
1%
4%
10%
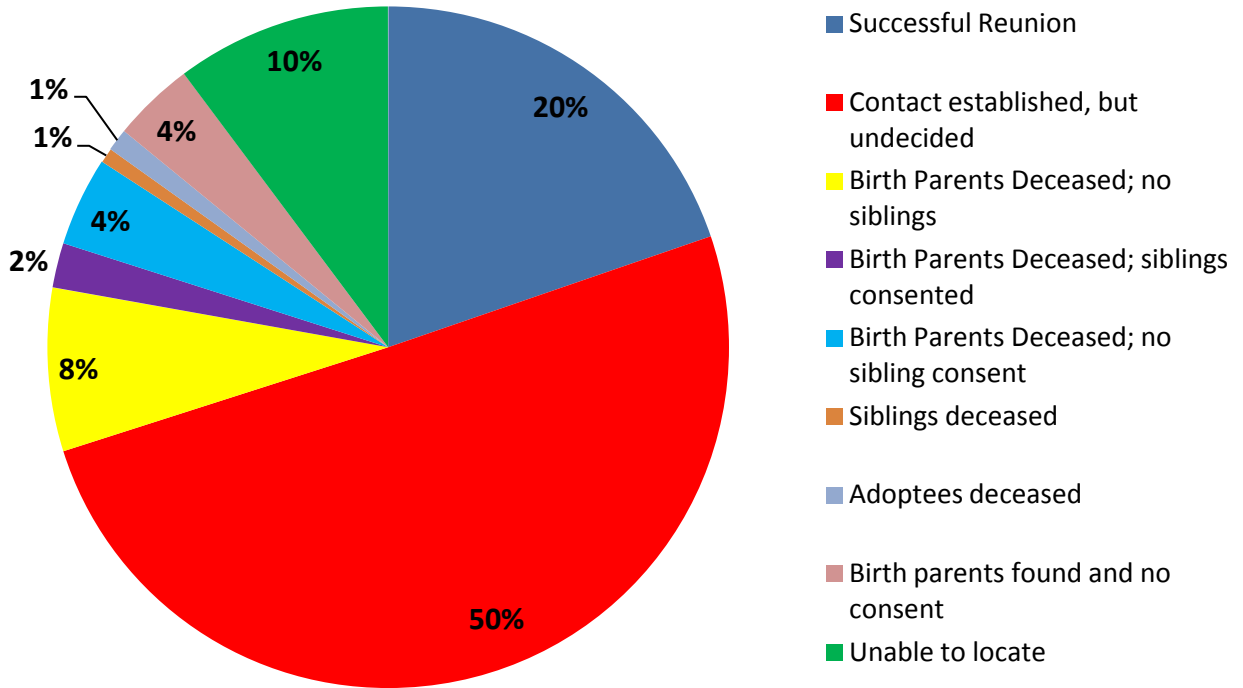
Chart 3.5: Knowledge about History

100%
90%

Increased knowledge about personal history (n=244)   Increased knowledge about birth family (n=291)
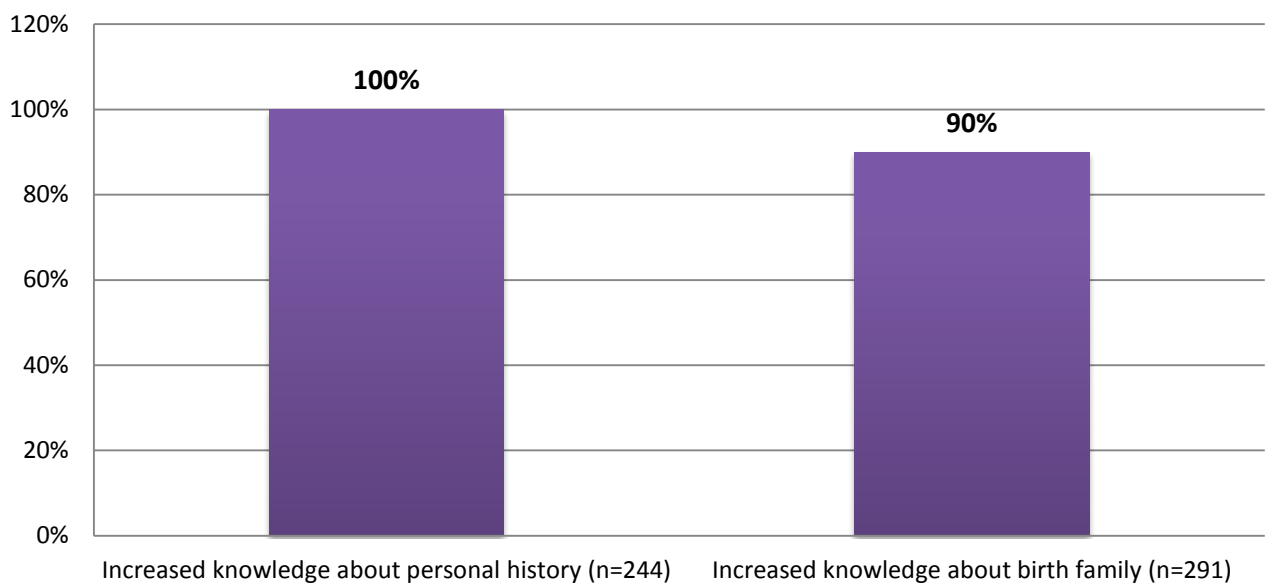
The Reunion Registry offers monthly support groups for clients who are thinking about, preparing for, or going through the search and reunion process. Quarterly, a survey is administered to the support group members to gain insight into their experience participating in these groups. For outcomes from these surveys, please see Table 3.5

Table 3.5: Support Group Survey Results

Question	N	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean score $\bar{x}$ (5 highest)
I am satisfied with the services I have received through the Reunion Registry group.	62	3.2%	--	--	27.4%	69.4%	4.61
The Reunion Registry support group prepared me to search for family members.	42	4.8%	--	14.3%	35.7%	45.2%	4.37
The reunion registry support program increased my knowledge about the search and reunion process.	57	3.5%	--	3.5%	35.1%	57.9%	4.52
The services I received from the reunion registry helped me feel supported in the search and reunion process.	57	3.5%	--	--	29.8%	66.7%	4.46
I am more knowledgeable about my birth relative (child, parent, sibling).	52	3.8%	1.9%	7.7%	32.7%	53.8%	4.36
I am more aware of supports and services for triad members (adoptees, birth parents, adoptive parents, siblings).	58	3.4%	1.7%	10.3%	34.5%	50%	4.37
I received some type of counsel and/or support from others while making contact with my birth family member(s).	50	4%	4%	4%	38%	50%	4.40
The search and reunion process has had a positive impact on me	59	1.7%	--	5.1%	37.3%	55.9%	4.52

personally.							
The search and reunion process has had a positive impact on my family.	50	2%	2%	36%	26%	34%	3.86
The search and reunion process has improved my overall sense of wellbeing.	60	3.3%	1.7%	15%	26.7%	53.3%	4.32
The reunion registry support group helped me after I contacted and reunited with my birth family member(s).	48	4.2%	2.1%	8.3%	27.1%	58.3%	4.42

Post Adoptive Family Resources Outcomes Summary and Improvement Initiatives

The Post Adoptive Family Resources Program had many successes in FY11-12. The program was successful in supporting adoptive and foster families through various trainings. Parents demonstrated a statistically significant increase in their knowledge (p<.01) as a result of our trainings. Services also supported clients through the search and reunion process ($\bar{x}$ = 4.46 out of 5) and increased their knowledge about what to expect during the search and reunion process ($\bar{x}$ = 4.52 out of 5). Additionally, 100% of clients learned more about their personal history and 90% learned more about their birth family.

We have identified several opportunities for improvement in this program. First, while the improvements achieved as a result of our training are statistically significant, we are only seeing improvements in 41% of attendees. Additional work needs to be done to better understand the impact, if any, these trainings have on those attendees who did not show improved scores and how we should revise the trainings to be more effective in teaching (and possibly measuring) topics that are most needed and relevant to our clients. Similarly, we are working to enhance our understanding of the impact the Reunion Registry services have on all clients served. Accordingly, in FY12-13, we are developing and implementing a post services survey to capture feedback and outcomes for all clients served.

Foster Care

Families First's Foster Care program provides safe and temporary homes for children in Georgia's foster care system. We provide foster families with tools and resources to be successful as foster parents including: free training, support services, and 24-hour accessibility to our Case Specialists. Additionally, we provide supportive services and financial assistance to

young adults transitioning out of the foster care system to facilitate their retention of the skills and education needed to move successfully to self-sufficiency and independence. All of our programs targeting children and youth in care utilize best practices and data from Casey Family programs, Kids Count, and the Federal Administration for Children and Families as well as other studies and practices in the research literature. For youth, ages 18 to 21 years of age living in supervised apartments, this program provides young people the support and guidance to practice and develop life skills and a plan for independent living.

In FY11-12, we served **132** children and youth in this program. We served **125** children and youth in foster care homes and **7** youth in independent apartments. For more demographic information, please see Table 4.

Table 4: Foster Care Demographics (n=132)

Gender	#	%
Male	60	45%
Female	72	55%
Race	**#**	**%**
African-American	100	76%
Caucasian	24	18%
Hispanic	3	2%
Other	5	4%
Age	**#**	**%**
Age 0-5	57	43%
Age 6-11	40	30%
Age 12-17	19	14%
Age 18-25	16	12%
County	**#**	**%**
Butts	0	0%
Cherokee	0	0%
Clayton	10	8%
Cobb	3	2%
Coweta	2	2%
DeKalb	19	14%
Douglas	4	3%
Fayette	0	0%
Fulton	61	46%
Gwinnett	17	13%
Henry	1	1%
Paulding	0	0%
Rockdale	0	0%

Outside metro area	0	0%
Unknown	15	11%

Foster Care Outputs

Foster Care services include regular home visits, daycare visits, case management, family team meetings, foster family contacts, and individual sessions. For details on services provided, please see Chart 4.1.

The following outlines the length of stay for children and youth in our Foster Care Program:

- Mean($\bar{x}$) = 322 days
- Median (M) = 196 days
- Minimum = 2 days
- Maximum = 3149 days

Chart 4.1: Foster Care Services
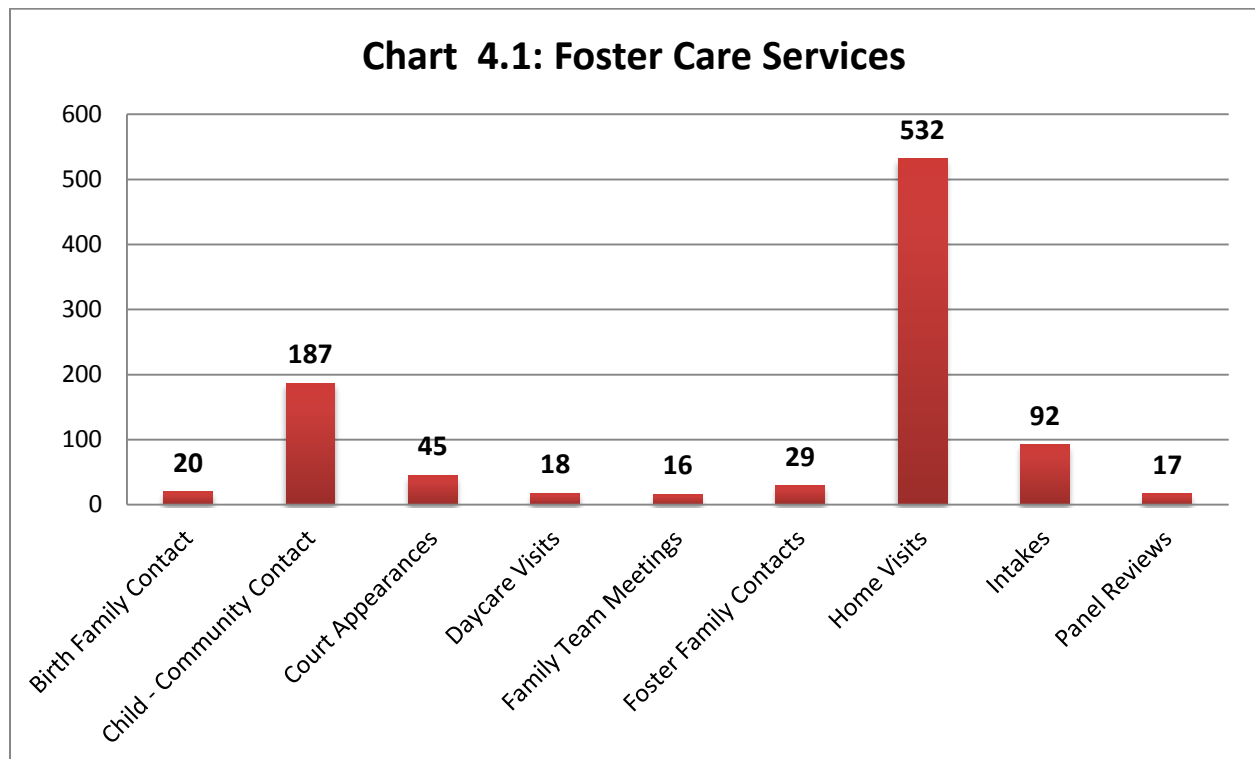
Foster Care Outcomes

The main goals of Families First's Foster Care program are to ensure placement stability while in our care; protect children and youth from repeat maltreatment; increase progress towards individual service plan goals; assist children and youth in achieving a permanent placement; child well-being; and school success. ***We are pleased to report that in FY11-12, 100% of our children and youth were protected from repeat maltreatment.*** For additional outcomes, please see Charts 4.2 - 4.6.

Chart 4.2: Placement Stability
(n = 125)

- 6%
- 94%
- Remained in 1 placement while in our care
- Had more than 1 placement while in our care

Chart 4.3: Goal Progress upon Discharge
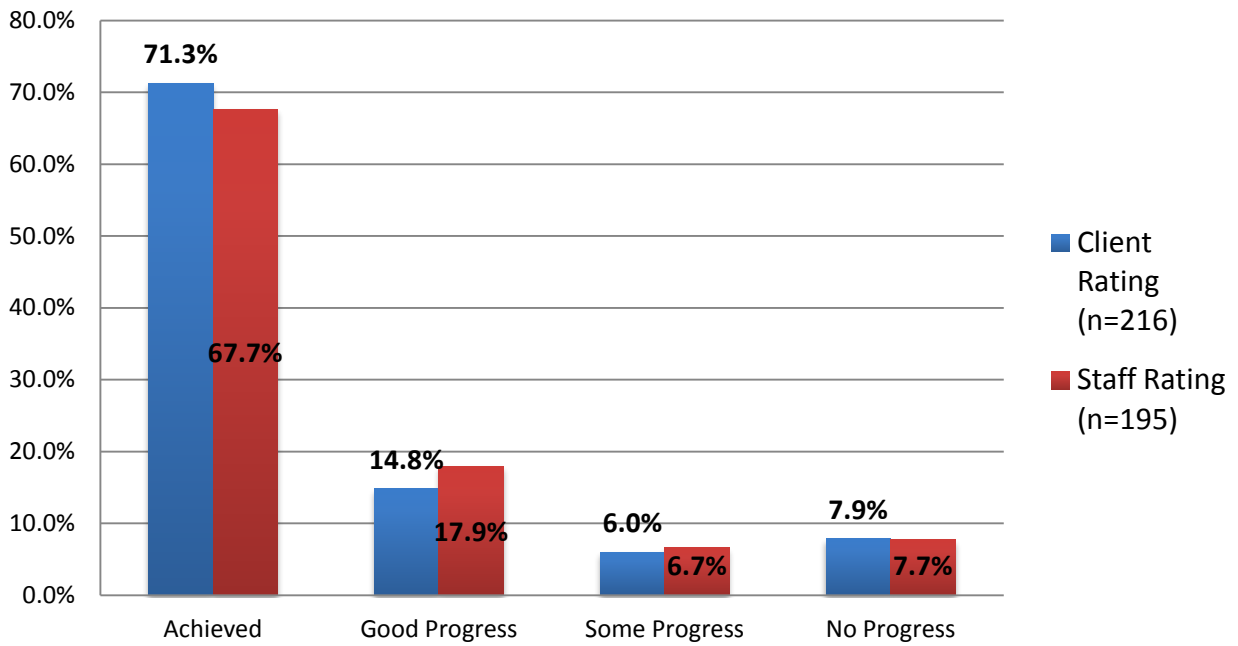
**Chart 4.4: Permanency Rate
(n=82)**

Permanency Rate = 75%

- Adoption
- Reunification
- Relative Care
- Returned to DFCS
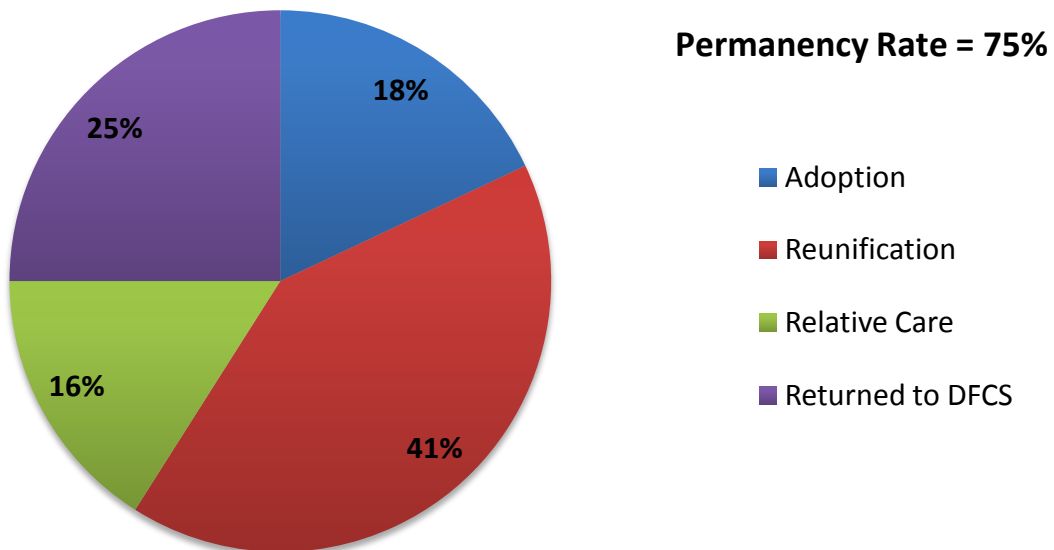
Chart 4.5: Well-Being
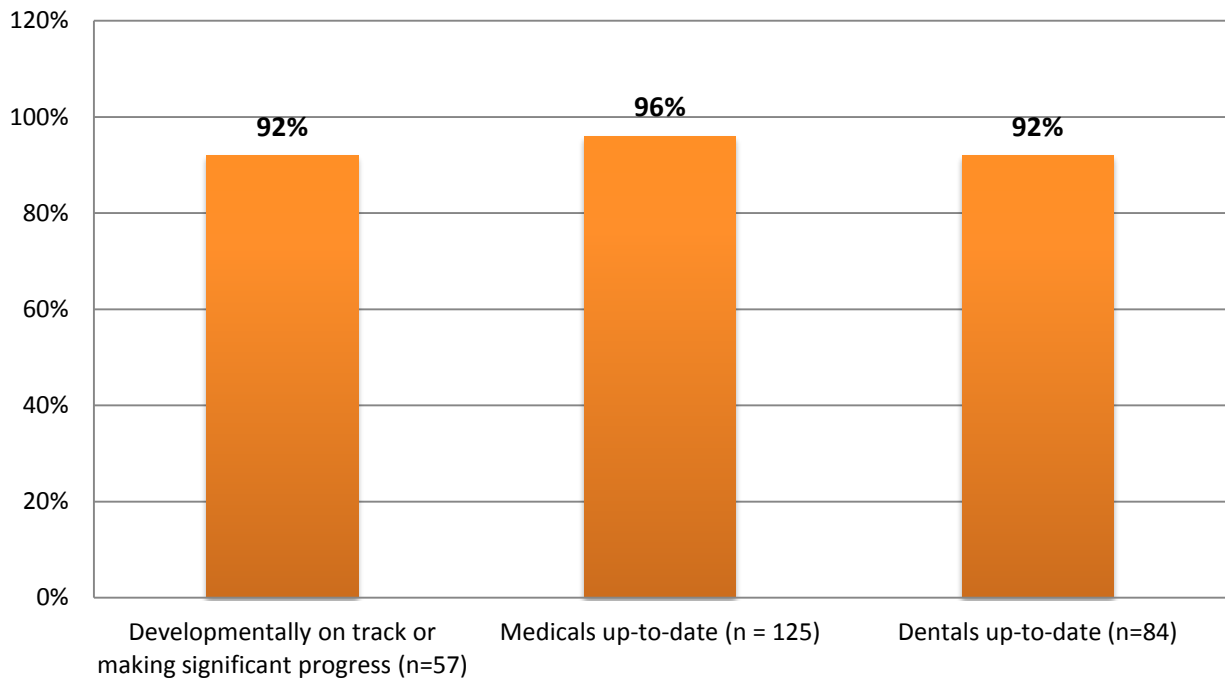
**Chart 4.6: School Success
(n=24)**

- Progressed to the next grade level
- Did not progress to the next grade level

Independent Living Outcomes

- 100% (7) youth were employed during FY11-12
  - Of the 7 youth employed, 4 of them were in the program long enough to maintain employment for 6 months or longer and all 4 or 100% maintained employment
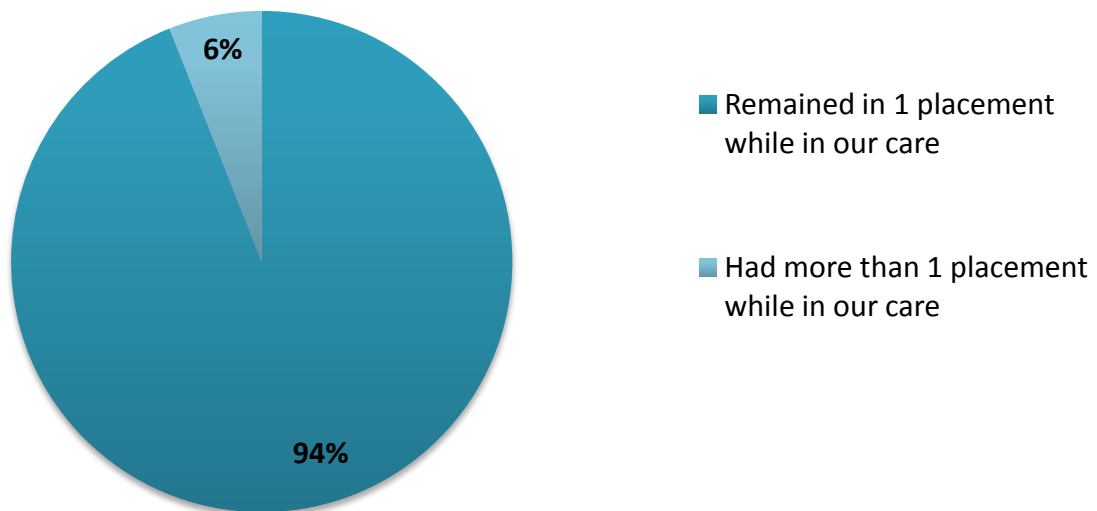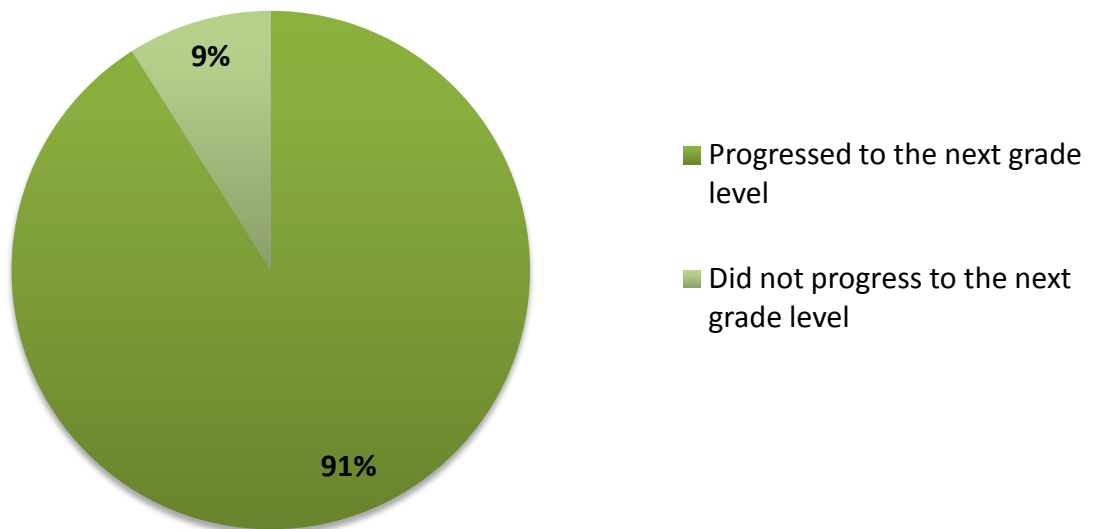- Four (4) youth were interested in pursuing secondary/vocational education and 100% were enrolled
  - 50% (2) of the youth passed their class and 50% (2) were on academic probation
  -

Foster Care Outcomes Summary and Improvement Initiatives

Our Foster Care program had many successes in FY11-12. All (100%) of the children and youth in our care were protected from repeat maltreatment and 94% experienced placement stability while in our care. Ninety-one percent (91%) of the children and youth in our foster homes progressed to the next grade level. This achievement is significant when compared to research indicating that nearly 66% of children in foster homes are behind at least one grade, perform in the lowest quartile and/or are not promoted to the next grade level[5]. For youth in our Independent Living apartments, 100% (7) were employed and 100% (4) of youth interested in pursuing secondary education were enrolled. Additional successes include: 75% of the children and youth who exited our program achieved permanency and 92% of them achieved treatment goals or were making progress at the time of discharge.

We aim for all of the youth in our care to be successful in their pursuit of higher education. To assist those on academic probation and to ensure provision of necessary supports, Families First works with youth and their academic advisors to develop academic success plans and help monitor and support clients in adhering to their plan. Additionally, staff and youth work diligently to balance and manage schedule/stressors to help the client succeed academically.

There will be some changes and improvements in FY12-13 outcomes data to help inform the services to our children and youth. We recognize that life skill development is crucial for the success of youth in foster care. While services are aimed at improving life skills, we currently are not measuring the impact of those services. Thus, we plan to administer the Casey Life Skills Assessment for all youth in foster care over the age of 14. Additionally, we understand that educational success is a critical issue faced by our children and youth. Thus, we are enhancing our efforts to monitor academic performance through regular documentation in the Child Education Form in our newly upgraded Care Logic system. We look forward to presenting more in-depth educational outcomes in our FY12-13 report.

---

[5] http://www.chapinhall.org/sites/default/files/publications/152.pdf

Residential Living Program

In our Residential Living Program, Families First has traded the concept of "group homes" -- laden with negative imagery, for the more positive philosophy of a "cooperative" -- where agency, community, family and state come together to ensure that community engagement and collaboration are an integral part of the cooperative experience for our youth, and that those supports will continue after they leave our care and are ideally reunited with family. At the beginning of the year, Families First operated four (4) Families First's Permanency Cooperatives and one (1) Second Chance Home located in Metro Atlanta; however, Families First decided to close the Palmetto Cooperative during this reporting period. The Cooperatives offer supportive care for male and female youth between the ages of 13-20. Each Cooperative can serve between six to seven youth at one time. In our Second Chance Home, we provide services to pregnant young women and young women with one (1) child (or up to 2 children).

In FY11-12, we served a total of **84** youth in our Residential Living program. For more demographic information, please see Table 5.

Table 5: Residential Living Demographics (n=84)

Gender	#	%
Male	28	33%
Female	56	67%
Race	**#**	**%**
African-American	70	83%
Caucasian	10	12%
Hispanic	3	4%
Other	1	1%
Age	**#**	**%**
Age 0-5	16	19%
Age 6-11	0	0%
Age 12-17	32	38%
Age 18-25	36	43%
County	**#**	**%**
Butts	0	0%
Cherokee	0	0%
Clayton	2	2%
Cobb	2	2%
Coweta	0	0%
DeKalb	2	2%
Douglas	1	1%
Fayette	0	0%
Fulton	61	73%

Gwinnett	14	17%
Henry	0	0%
Paulding	0	0%
Rockdale	2	2%
Outside metro area	0	0%
Unknown	0	0%

Residential Living Outputs

Residential Living services include individual case management sessions, intakes and assessments, court appearances, groups, crisis management, family team meetings, educational assessments, and panel reviews. Additionally, in Second Chance Home parenting groups are provided to teen moms. For details on services provided, please see Chart 5.1.

The following outlines the length of stay for youth in our Residential Living Program:

- Mean($\bar{x}$) = 371 days
- Median (M) = 278 days
- Minimum = 5 days
- Maximum = 1344 days

Chart 5.1: Residential Living Services

Service	Value
Skills Tranings	6
Panel Reviews	7
Intakes	40
Individual sessions	808
Groups	50
Group Sessions	50
Family Team Meetings	12
Family Sessions	11
Educational Consultation	58
Court Appearances	37
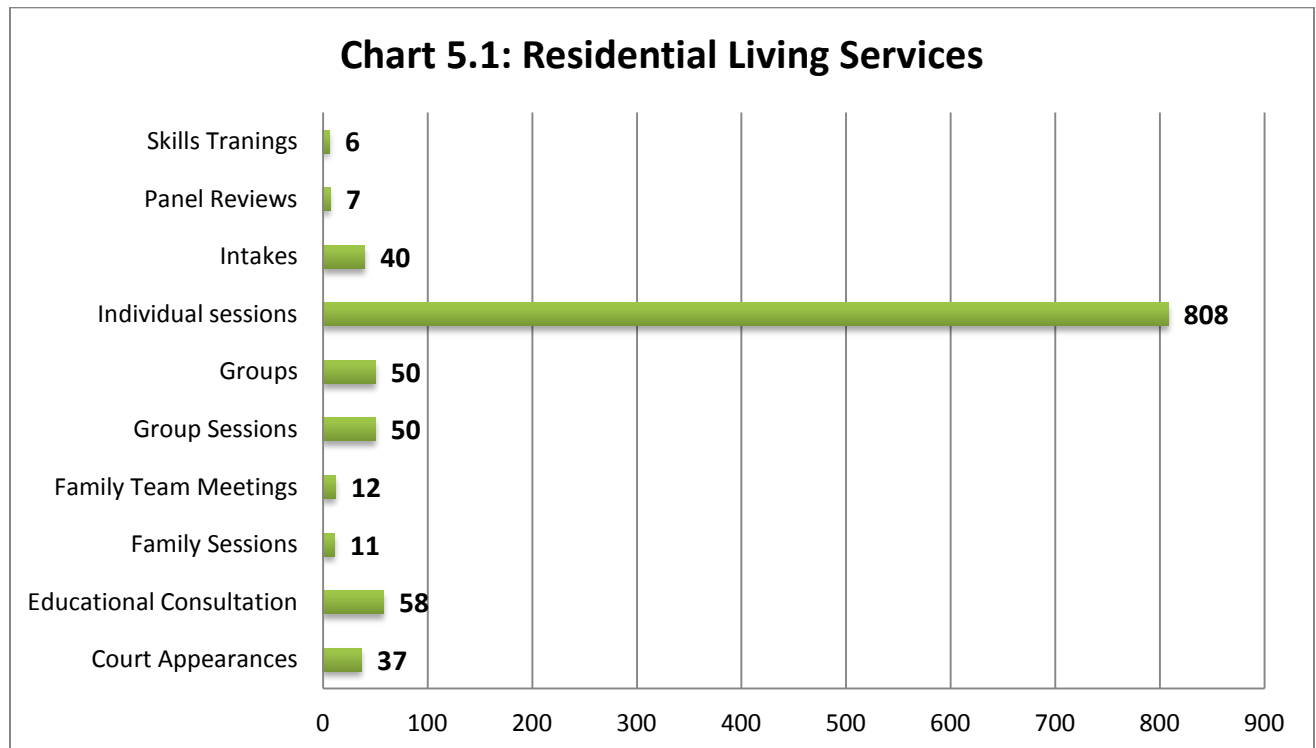
Permanency Cooperatives Outcomes

The main goals of Families First's Permanency Cooperatives are to protect youth from repeat maltreatment; increase progress towards individual service plan goals; assist youth in achieving a permanent placement; and, increase educational success. ***We are pleased to report that in FY11-12, 100% of our youth were protected from repeat maltreatment.*** For additional outcomes, please see Charts 5.2 through 5.4.

Chart 5.2: Goal Progress upon Discharge
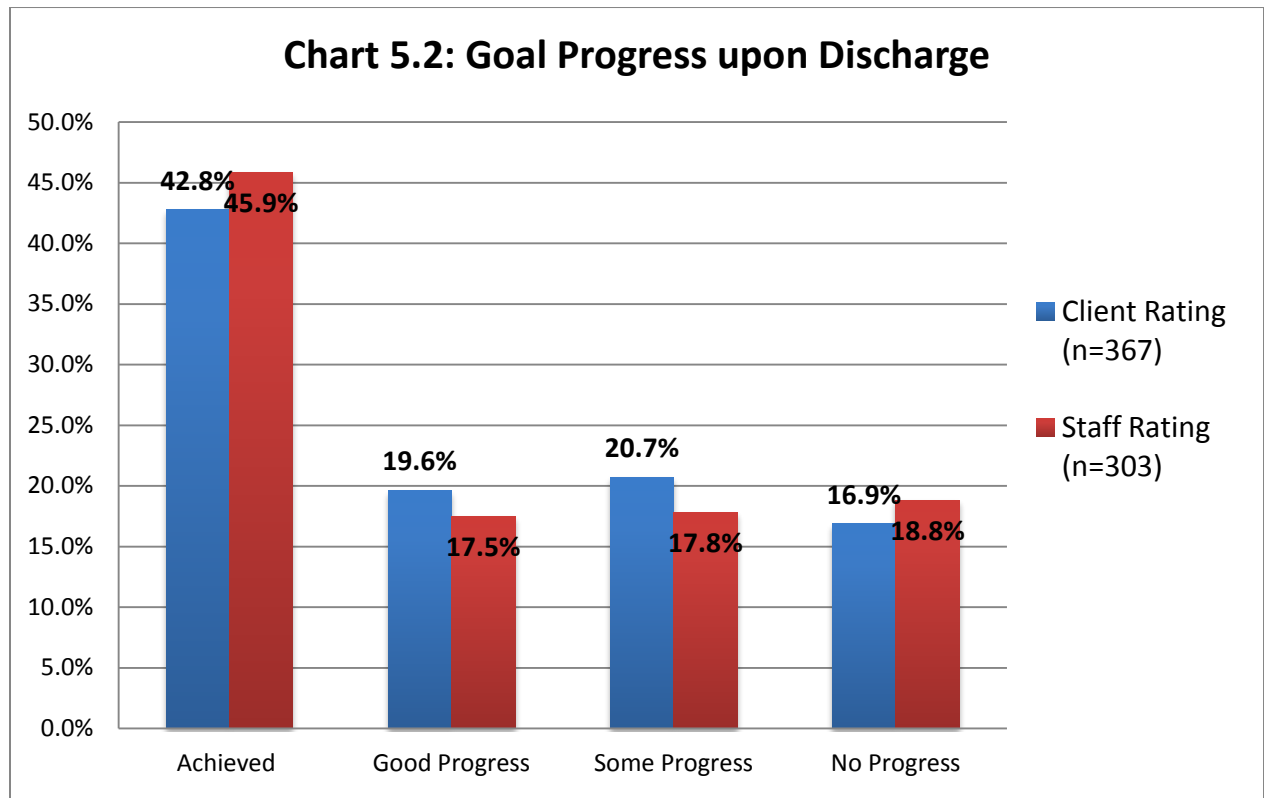
Chart 5.3: Discharge Outcomes (n=44)

■	Another level of care
■	Disruption
■	Elopement
■	Emancipated
■	Moved to Independent Living
■	Palmetto Home Closed
■	Permanency

- 7% (Another level of care)
- 36% (Disruption)
- 7% (Elopement)
- 2% (Emancipated)
- 16% (Moved to Independent Living)
- 5% (Palmetto Home Closed)
- 27% (Permanency)

Chart 5.4: Permanency Type (n=12)

■	Adoption
■	Birth Family
■	Relative/Fictive Kin
■	Other

- 8% (Adoption)
- 42% (Birth Family)
- 42% (Relative/Fictive Kin)
- 8% (Other)

Residential Living Outcomes Summary and Improvement Initiatives

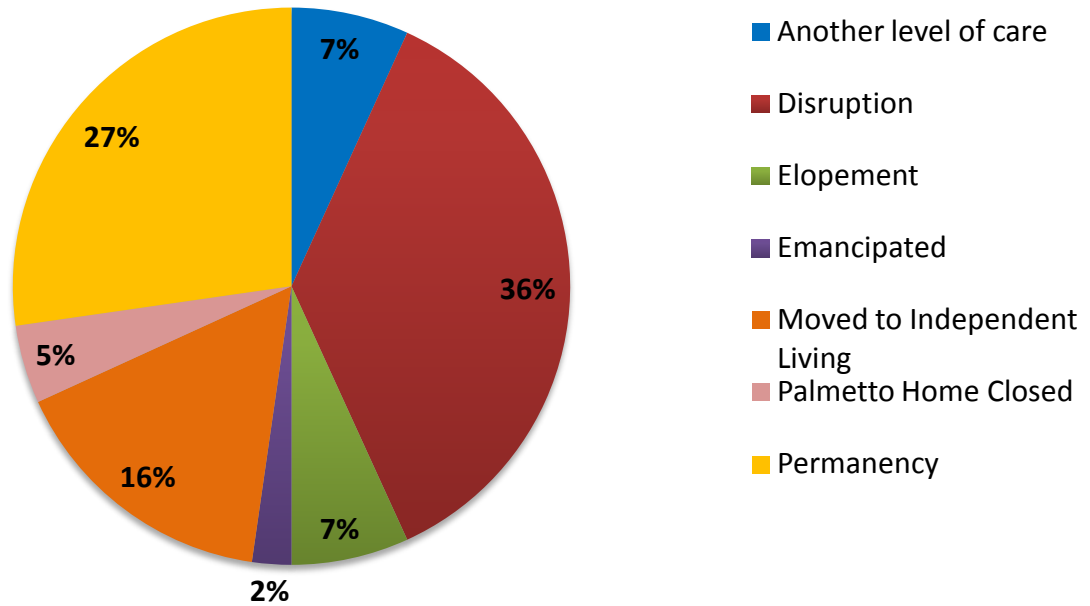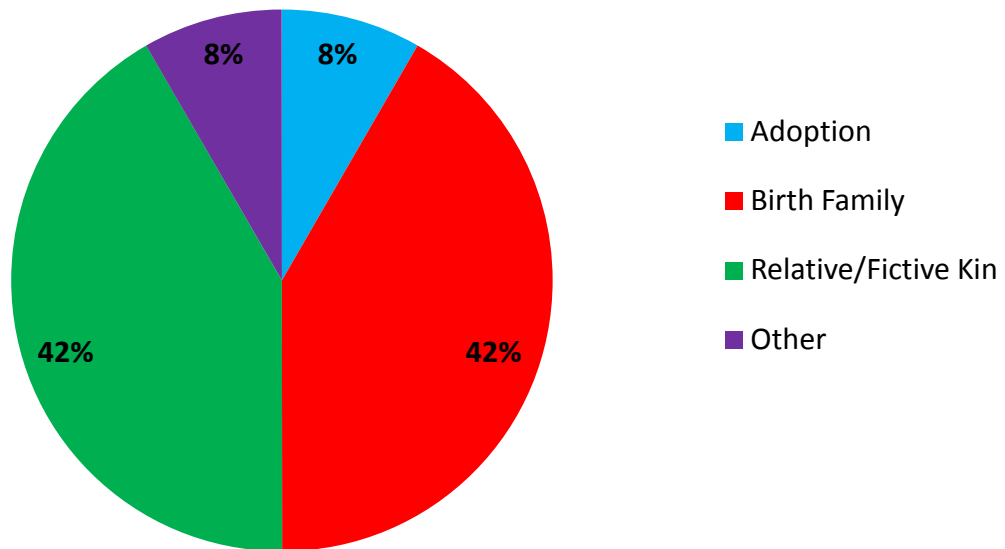In FY11-12, the Residential Living Program has been successful in achieving safety and permanency outcomes for youth in care. All children and youth (100%) residing in our homes were protected from repeat maltreatment. Upon termination, 83% of youth had achieved or made progress on treatment goals and 27% of hard to place youth moved to a permanent placement primarily with birth family (42%) or a relative/fictive kin (42%).

Similar to Foster Care, there will be some changes and improvements in FY12-13 outcomes data to help inform the services provided in the homes for the youth. We recognize that life skill development is crucial for the success of youth in the custody of the state. While services are aimed at improving life skills, we currently are not measuring the impact of those services. Thus, we plan to administer the Casey Life Skills Assessment for all youth in our Residential Living Program. Additionally, we understand that educational success is a critical issue faced by our children and youth. Thus, we are enhancing our efforts to monitor academic performance through regular documentation in the Child Education Form in our newly upgraded Care Logic system. We look forward to presenting more in-depth educational outcomes in our FY12-13 report.

Permanency Connections Program

Families First's Permanency Connections Program provides a variety of services aimed at supplementing Room, Board, and Watchful Oversight (RBWO) services for children and youth in the foster care system. These services generally focus on permanency, education, and social connections. In addition, services are offered to teen mothers in the community to help them succeed and prevent subsequent pregnancies.

Placement to Permanency (PTP) is a collaborative research project between Families First, Georgia Department of Human Services'(DHS) Division of Family and Children Services, Fulton County Department of Family and Children Services, and Advantage Consulting, LLC. The objective of PTP is to promote safety, well-being and permanency for youth in foster care. PTP utilizes family-finding and kinship navigator activities to assist Fulton County youth in care to identify and positively engage with relatives and/or fictive kin that can become their permanent families. Kinship navigation activities provide supportive services for permanency caregivers and helps them identify and access available resources to help meet the needs of youth in care. PTP is guided by the belief that youth should be leaders in the process of engaging their families and/or permanency caregivers and in assessing their service needs.

Literacy Improvement Program Services (LIPS) are designed to ensure that youth in Families First's programs, particularly foster children in our care, youth in our transitional and

permanent supportive housing programs, and pregnant and parenting teen moms, are able to be successful in school, advance their education and prepare for economic independence and self-sufficiency. These services include linking youth with the appropriate educational services, providing educational support for the youth, advocating for the youth in the school, and assisting the youth in educational planning.

Make it Click (MIC) Mentoring Services is a positive youth development (PYD) collaboration between Families First and community volunteers who join to create a community network of sustained relationships for children in foster care.   The Make it Click Mentoring services are dedicated to educating and training individuals who demonstrate remarkable commitment to community through caring for youth. All volunteers engage in activities with youth in care and participate in monthly group activities, such as bowling and cookouts. Inherent in this unique service model is the belief that the organic formation of relationships between the mentor and mentee is the only way a sustained and long lasting relationship will be formed. Make it Click's service components are based on the Six C's of Positive Youth Development research conducted by Dr. Richard Lerner and his team at Tufts University.

Teen Success is a nationally recognized Planned Parenthood model that aims to provide an on-going supportive environment for teenagers ages 13-19 years who are pregnant or parenting with the following objectives:

- *Learn information, skills, and behaviors to prevent an additional pregnancy*
- *Improve ability to cope with the challenges of parenthood and adolescence*
- *Develop skills to build better relationships*
- *Receive encouragement to successfully finish education*
- *Support young mothers who are attempting to cope with two developmental milestones at once: adolescence and parenthood, typically with less than optimal resources for either task.*

Educational achievement is a major focus of Teen Success. The program encourages teen mothers to enter or remain in school and/or increase academic participation beyond independent study or alternative academic programs. Teen mothers also agree to maintain their current family size of one child in order to use the group support to set and attain personal, educational, and career goals. If a participant chooses to increase her family and parent additional children, she is required to leave the program and is referred to other services.

Teens are recruited via informational flyers, presentations and/or referrals from social workers, public health nurses, pre-natal programs, alternative schools, and other community programs. Each teen mother contracts with the group facilitators to consistently attend group for at least

one year (40 weeks) or to call to explain any absences. A member can remain with the program for multiple years or until she graduates from high school, completes her GED, and/or reaches the age of 19.

In June, 2011 Families First, in partnership with Planned Parenthood, implemented the Teen Success model in two (2) different locations: Zion Hill Community Development Corporation (CDC) in East Point, Georgia and Families First in Midtown Atlanta.

In FY11-12, the Permanency Connections Program served **264** youth. Placement to Permanency provided services to **89** youth; Make it Click worked with **25** mentors; LIPS provided educational services to **77** youth; and Teen Success provided services to **73** teens and babies. Please see Table 6 for additional demographic information.

Table 6: Permanency Connections (n=264)

Gender	#	%
Male	94	36%
Female	170	64%
Race	**#**	**%**
African-American	234	89%
Caucasian	6	2%
Hispanic	24	9%
Age	**#**	**%**
Age 0 – 5	46	17%
Age 6 - 11	0	0%
Age 12-17	104	39%
Age 18-25	94	36%
Age 26 – 36	12	5%
Age 37 – 46	3	1%
Age 47 – 59	5	2%
Age 60 +	0	0%
County	**#**	**%**
Clayton	6	2%
Cobb	7	3%
DeKalb	24	9%
Douglas	1	0%
Fulton	177	67%
Gwinnett	24	9%
Rockdale	3	1%
Unknown	21	8%
Outside metro area	1	0%

Permanency Connections Outputs

The Permanency Connections Program provides a variety services and activities to clients. Specifically, Placement to Permanency (PTP) services primarily include record review, case mining and exploration to find viable permanency partners; assessment and working with DFCS to determine appropriateness of possible relationships and resources; transitioning youth to permanent placements; and supportive services to the placement and caregiver. For a summary of these activities, please see Chart 6.1.

LIPS services are comprised primarily of education consultations and assessments. For details on services, please see Chart 6.2.

Make It Click services are aimed at training volunteer mentors in order to prepare them for forming long lasting relationships with youth. For training activities, please see Chart 6.3.

Teen Success groups are held at 2 locations. Please see Chart 6.4.

Chart 6.1: Placement to Permanency Services

Service	Value
Birth Family Contact	107
Case Consultation	36
Client Interview	146
Family Engagement Activities	68
Family Finding Activities	22
Home Visits	103
Kinship navigation/Caregiver activities	33
Record Review	40
Staffing	66
Telephone contacts	239
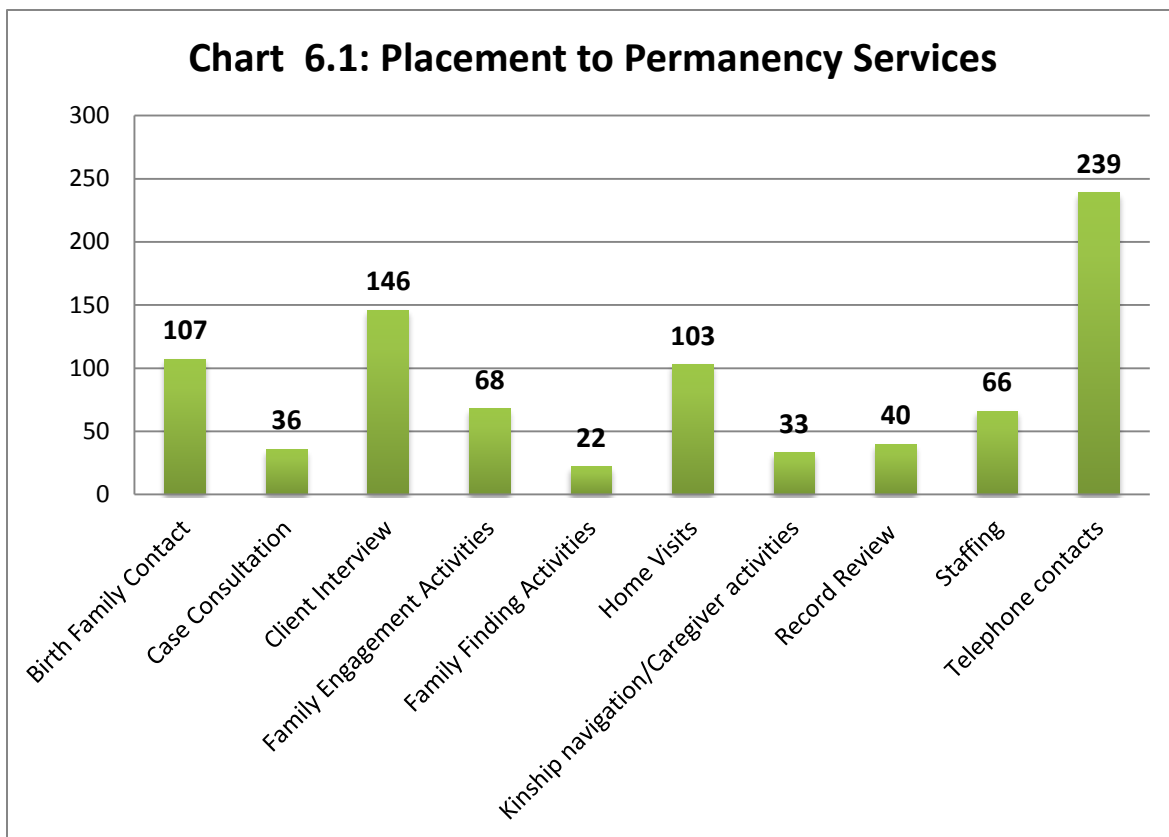
Chart 6.2: LIPS Services Provided

Category	Value
Community Related Activity	2
Education Consultation	498
Education and Connection	1
Educational Assessment	29
Group Session	3
Information Session Group	5
LIP Service Activities	10
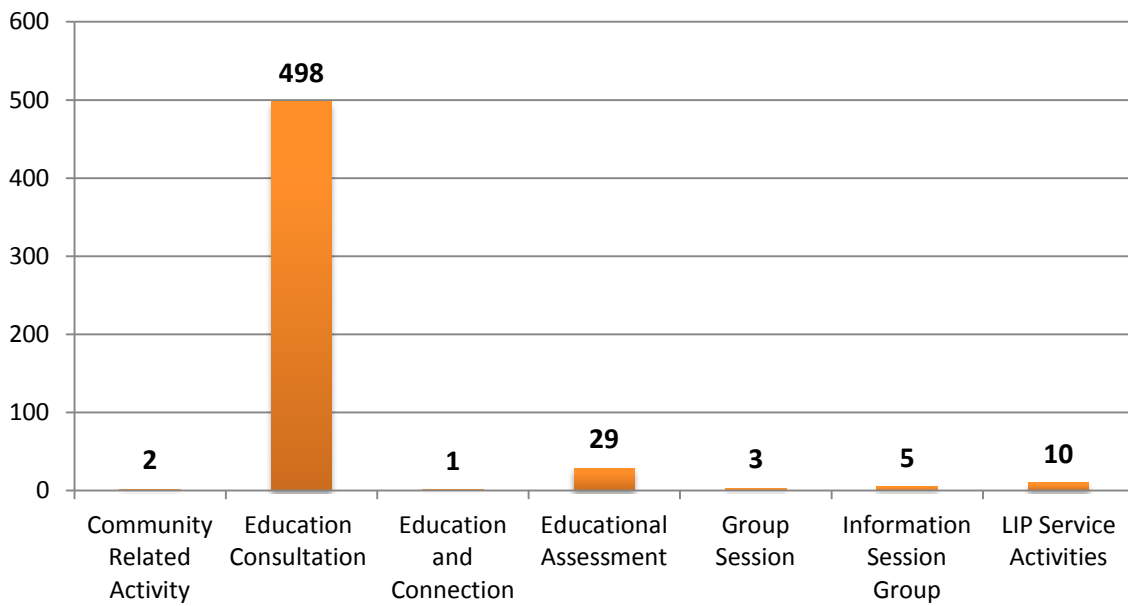
Chart 6.3: Make It Click Training Sessions and Hours

Category	Value
Training Sessions	17
Training Hours	43

Chart 6.4: Teen Success Groups

Zion Hill Groups	46
Midtown Groups	48

(Bar chart: Y-axis scaled from 0 to 50 in increments of 5. Zion Hill Groups = 46, Midtown Groups = 48.)
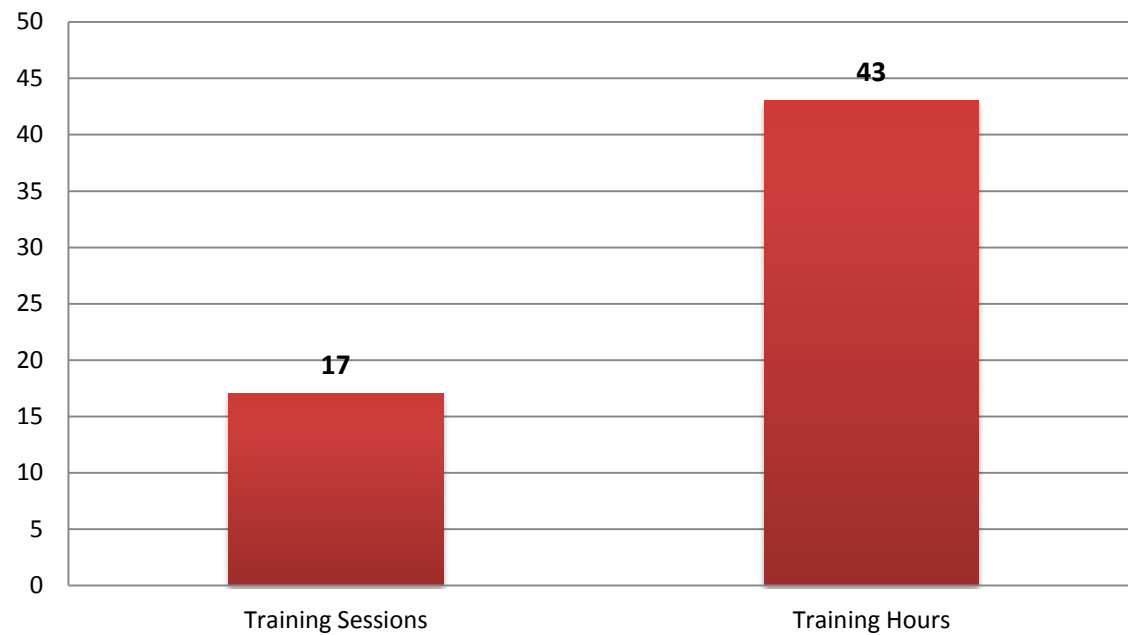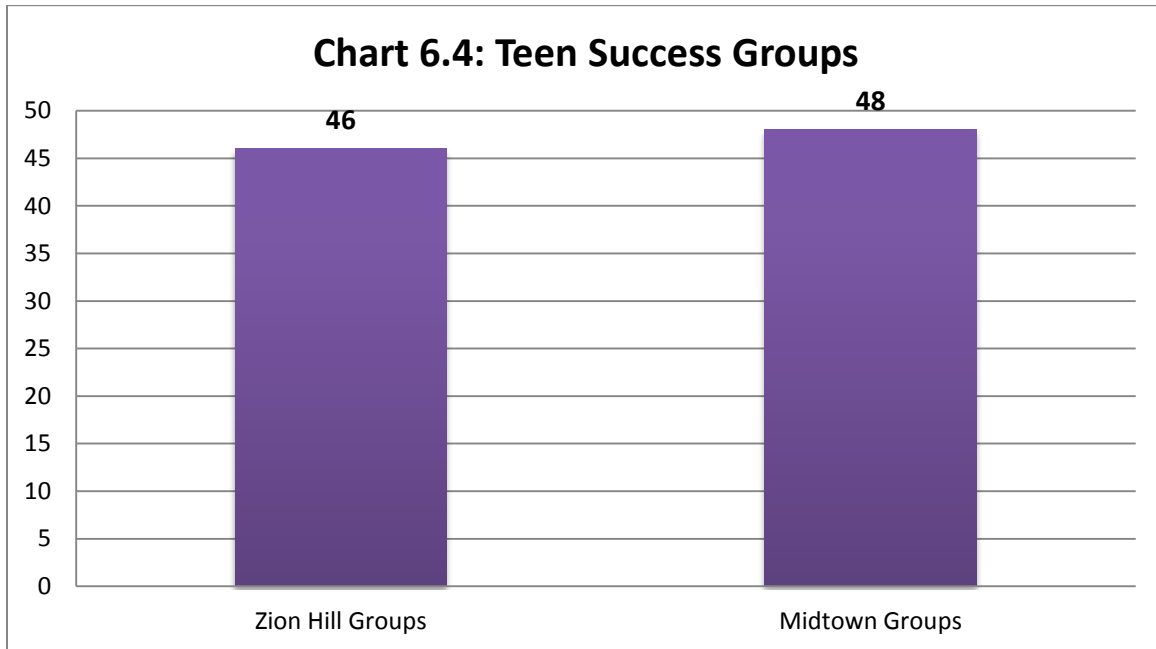
Permanency Connections Outcomes

The outcomes for Permanency Connections are aimed at increasing permanency options for youth in care, improving educational attainment, and providing opportunities for young, teen mothers.

Placement to Permanency Outcomes

Placement to Permanency is a research project in which clients are randomly assigned to the program/intervention group or a comparison group. Data are collected on both groups, with more detailed information collected on the program/intervention group. Research findings are not yet available, but we expect to have those results in FY12-13 when the project ends. All of the research activities are monitored by the State of Georgia's Institutional Review Board (IRB) and research is conducted by Advantage Consulting, LLC, with oversight provided by Families First's Director of CQI and Practice-Based Research.

Forty-eight (48) youth received the full range of Placement to Permanency Services and the outcomes are measured on these youth only. We were successful in assisting the youth in making progress towards permanency in the following ways:

- 85% (41) of youth had a potential permanency resource identified
- Of those 41 youth where a permanency resource was identified, 100% (41) of those resources were screened and deemed to be appropriate
- Of those resources deemed to be appropriate, 100% (41) of those resources were actively engaged by our permanency specialists as potential

placements for the youth
- Of those 41 youth, 29% (12) were successful in achieving permanency:
  - 7 entered into a Permanency Pact with the permanency resource
  - 5 obtained legal permanency status with the permanency resource
- 41% (17) placements were pending at the end of FY11-12, but are promising

LIPS Outcomes

LIPS outcomes are focused on educational progress. Data are collected from case notes and internal CQI tracking datasets. For details, please see Chart 6.5.

Chart 6.5: LIPS Educational Outcomes

Category	Percentage
Enrolled in post-secondary education (n=12)	75%
Honor Roll (n=18)	39%
Progress to the next grade level (n=18)	78%
71 average or higher (n-18)	78%
Reading at grade level (n=18)	78%
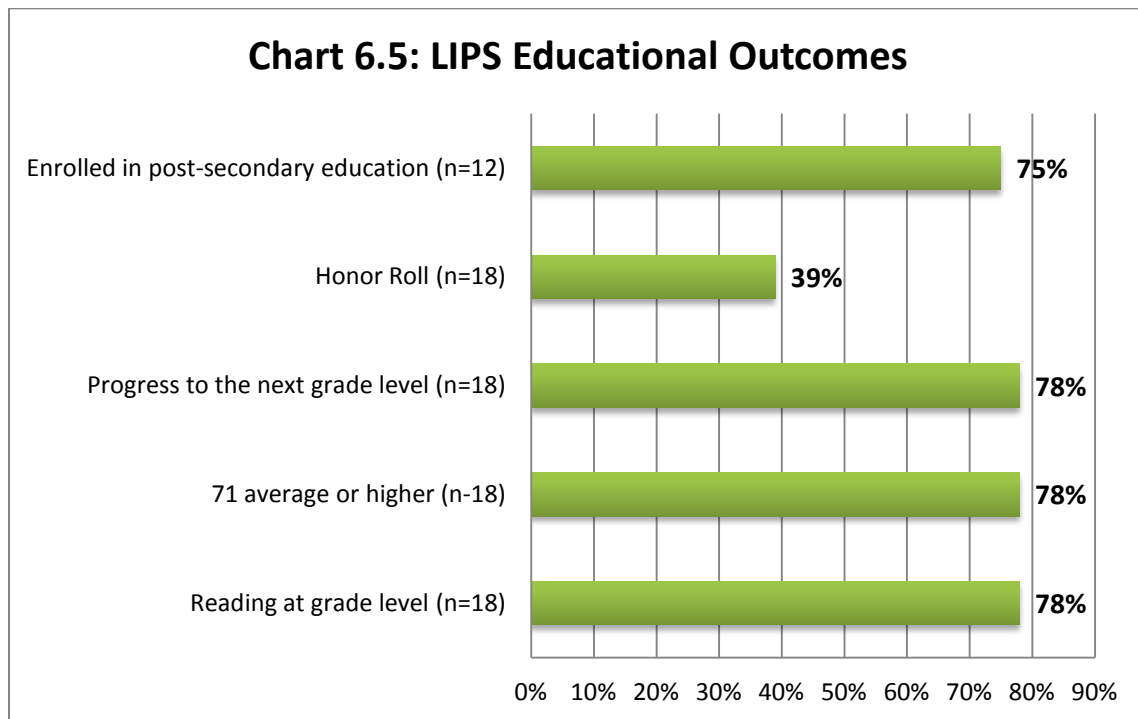
Make It Click Outcomes

The Make It Click mentoring services utilize pre and post-test measures to demonstrate positive impact of permanent relationships in a teenager's life. The goals of MIC are an increase in positive youth development (PYD) knowledge and the development of relationships, as well as a commitment to sustaining the relationships with youth in care for one year or more. Most notable outcomes are as follows:

- Seven (7) mentors progressed from being casual mentors (Friends and Neighbors) to being a long term dedicated resource for the youth (Permanency Partner)
- Four (4) Permanency Partners reached the year mark within FY11-12. Outcomes of their relationship with the youth are as follows:
  - One Permanency Partner obtained legal guardianship of the youth

- o 2 youth successfully transitioned and remained in college
- o One youth was about to age out of care and now signed back into care
- Ten (10) other volunteer mentors have been with the same youth or Cooperative for more than one year

Additional outcomes can be found in Tables 6.2 and 6.3.

Table 6.2: Increased Knowledge – Individual Training Outcomes

Improvement is measured by an <u>increase</u> in mean score from pre to post	N	Pre Mean score	Post Mean Score	p value *(probability the improvements were due to chance)* **Asterisks indicate statistically significant improvements**
Training Pre-Post Scores	96	64.48	83.13	p<.001***

p< 0.05*   p<0.01**   p<0.001***   ns = not significant

	N	Pre-Post Difference Mean score	Percent of Increase	Percent of people who demonstrated an increase in knowledge
Difference Between Pre and Post Scores	96	18.02	28.92%	55.2%

Table 6.3: Increased Knowledge – Positive Youth Development Outcomes

Improvement is measured by an <u>increase</u> in mean score from pre to post	N	Pre Mean score	Post Mean Score	p value *(probability the improvements were due to chance)* **Asterisks indicate statistically significant improvements**
Pre-Post Scores	15	77.60	79.89	.327ns

p< 0.05*   p<0.01**   p<0.001***   ns = not significant

	N	Pre-Post Difference Mean score	Percent of Increase	Percent of people who demonstrated an increase in knowledge
Difference Between Pre and Post Scores	15	2.29	2.95%	66.7%

Teen Success Outcomes

Teen Success outcomes are tracked and measured in the Planned Parenthood Teen Success database. Table 6.4 presents Families First's outcomes and Chart 6.6 compares Families First's outcomes with the other sites nationally.

Table 6.4: Teen Success Outcomes

Outcome (n=37)	Number Achieved	Percent Achieved
# Instructed in Goal Setting Methods	33	89%
# Instructed Members who can Demonstrate Ability to Set a Goal	33	89%
# Members Who Have Achieved 1+ Goals	29	78%
# Members that Maintain Family Size	36	97%
# Enrolled in school &/or Graduated	33	89%
# of $100 bonuses awarded for good attendance	16	43%

Chart 6.6: FF Teen Success Program & National Benchmarks
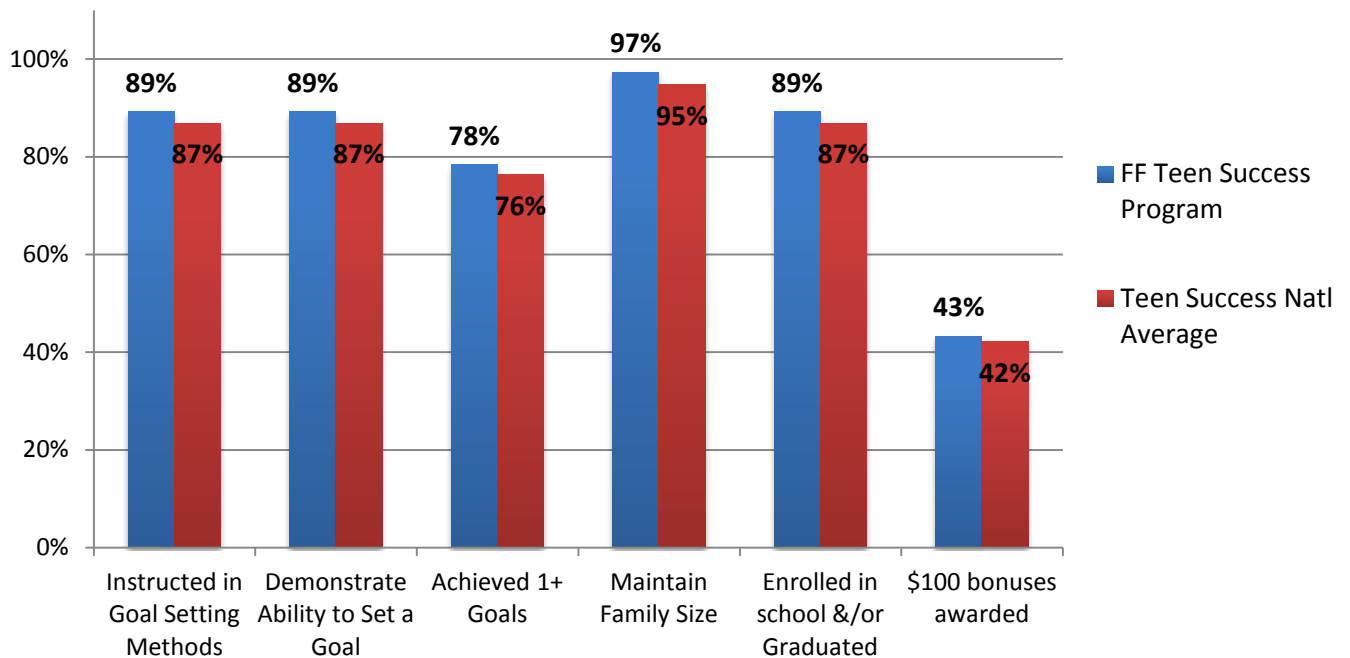
Permanency Connections Outcomes Summary and Improvement Initiatives

The Permanency Connections Program had many successes in FY11-12. Placement to Permanency services helped 41 youth with little to no viable permanency resources develop meaningful relationships with potential caregivers. Twelve (12) youth were successful in achieving permanency through placement. LIPS services were successful in helping 78% of youth progress to the next grade level and 75% of youth who graduated high school enrolled in post secondary education. Make It Click Mentoring services prepared volunteer mentors for developing permanent,

long lasting relationships with youth in care by increasing their knowledge about trauma and what to expect when working with youth who are in the foster care system (p<.001). Ten (10) volunteer mentors have been with the same youth for more than one year. Finally, the Teen Success groups are consistently performing as well if not a little better than other national sites and 78% of the teen mothers achieved at least one (1) of their goals and 97% maintained family size while in the year long program.

There are several areas for improvement in Permanency Connections. The nature of the Make It Click Mentoring services make certain data very difficult to track, in particular the number of times a mentor meets with his/her mentee. We are continuously trying new and different methods for capturing these data consistently. Additionally, we are improving our outcomes measurement in LIPS through the implementation of several new forms in the upgraded EHR system. We look forward to presenting these new data in upcoming Outcomes Reports.

Healthy Families and Relationships

Counseling, Connections and Support

Healthy Babies, Healthy Moms

School Success

Effective and Nurturing Parenting

Counseling, Connections and Support Program

Based on the desire to improve coping and functioning, as well as to simply help people feel better, HFR's Counseling, Connections and Support program improve family functioning by addressing the mental and behavioral health needs of children, parents, and families. Our counseling services work to strengthen family, work and social relationships, improve coping skills, and increase connections to supportive resources in the community. Enhancing family empowerment, through services like these, can lead to a decrease in children's problem behavior, parent psychological distress, and an increase in adjustment and family cohesion. Families First's Counseling Program includes a variety of services : Family Counseling, Community Based Counseling, Family Violence Intervention/Anger Management, and EAP services.

Family Counseling: This service utilizes various evidence-based interventions (EBI) such as Cognitive Behavioral Therapy (CBT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and Motivational Interviewing to help individuals and families restore their fullest level of functioning and achieve hope for a brighter future. Families First provides solution-focused counseling and therapy throughout Metropolitan Atlanta in our community-based offices, as well as in partnership with schools, youth development organizations, housing service agencies, and health centers. Similarly, our Community Based Counseling services provide the same services in clients' home. Recently, our counseling services have expanded to also include Patient-Centered Medical Home (PCMH) services, which is a team based health care model that provides comprehensive medical care with the goal of maximizing health outcomes. Specifically, Families First provides assessment and referral services at the patient's medical home facility. Currently, we are working in partnership with Southside Medical Center.

Family Violence Intervention Program (FVIP) and Anger Management Services is an educational group that utilizes the Duluth service delivery model and is a court mandated group for domestic violence offenders. The service delivery model requires 24 sessions for FVIP participants and 12 sessions for Anger Management participants. The groups focus on educating participants on the effects of violence in an effort to change program participants' beliefs and attitudes.

Employee Assistance Program (EAP): The EAP program provides assessment, referral and short-term counseling to help employees function more effectively at home and at work and to assist client companies to maintain staff productivity. We provide these services locally and nationally through our affiliate network and internal counselors.

In FY11-12, we served **5,678** individuals in our Counseling Program. We provided Family Counseling services to **3,400** individuals; Family Violence and Anger Management services to

1,243 individuals; and Employee Assistance (EAP) services to **1,035** individuals. Please see Table 7.1 for demographic information.

Table 7.1: Counseling Services (n=5678)

Gender	#	%
Male	2694	47%
Female	2984	53%
Race	**#**	**%**
African-American	3147	55%
Asian	27	1%
Caucasian	1398	25%
Hispanic	1046	18%
Other	60	1%
Age	**#**	**%**
Age 0-5	667	12%
Age 6-11	853	15%
Age 12-17	689	12%
Age 18-25	635	11%
Age 26-36	1189	21%
Age 37-46	966	17%
Age 47-59	537	9%
Age Over 60	142	3%
County	**#**	**%**
Butts	2	0%
Cherokee	119	2%
Clayton	166	3%
Cobb	1014	18%
Coweta	36	1%
DeKalb	944	17%
Douglas	204	4%
Fayette	35	1%
Fulton	1922	34%
Gwinnett	658	12%
Henry	72	1%
Paulding	69	1%
Rockdale	91	1%
Outside metro area	95	1%
Unknown	251	4%
Income Level	**#**	**%**
Below 200% of Poverty Level	4323	76%
Above 200% of Poverty Level	1355	24%

Chart 7.1: Reason for Requesting Counseling Services

Reason	Count
Family/Child	528
Legal/Financial	58
Other	37
Emotional/Mental Health	666
Alcohol/Drugs	46
Trauma/Abuse	141
Work/School	29
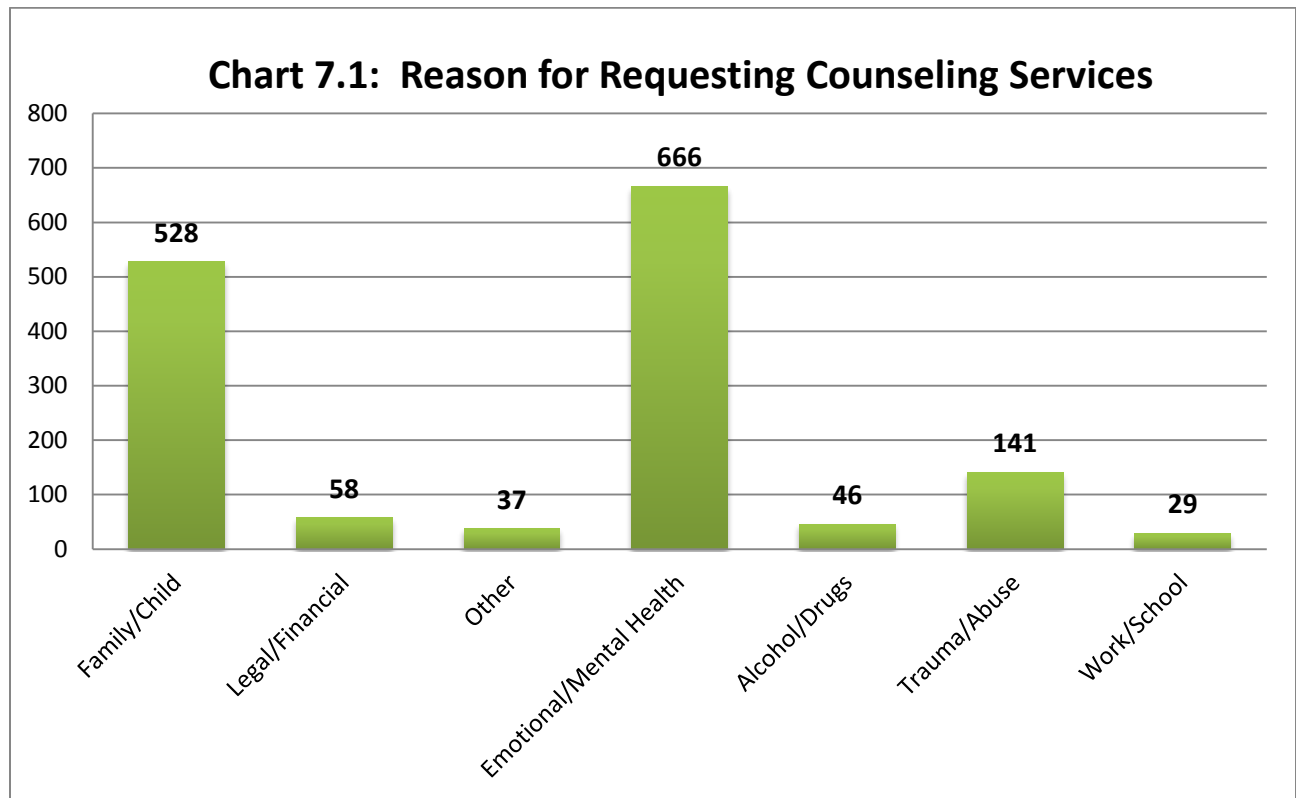
Counseling Outputs

Families First's Counseling Program provides a wide array of services, including assessment, treatment planning, and individual, couple, family, and group counseling sessions. Additionally, we provide community-based counseling services, typically in the client's home. For details on services provided, please see Charts 7.2, 7.3, and 7.4.

Chart 7.2: Counseling Services

Couples Counseling Sessions	376
Family Counseling Sessions	512
Counseling Groups	818
Individual Counseling Sessions	3421
Intake and Treatment Planning	1331
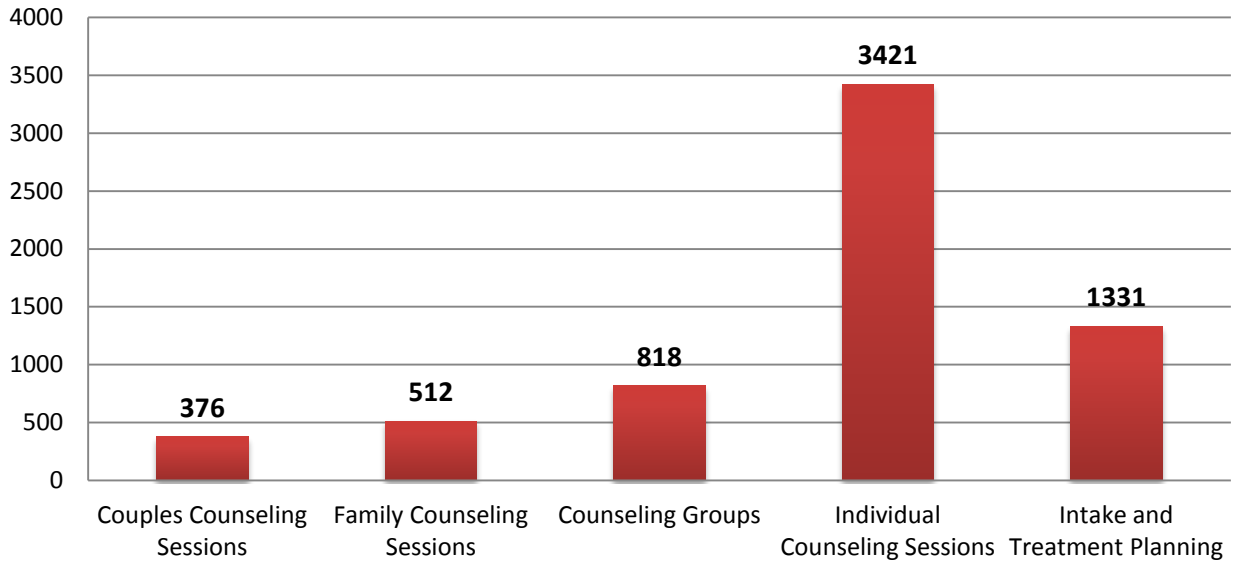
Chart 7.3: Breakdown of Counseling Services

- Couples Counseling Sessions — 6%
- Family Counseling Sessions — 8%
- Counseling Groups — 13%
- Individual Counseling Sessions — 53%
- Intake and Treatment Planning — 20%

Chart 7.4: Appointment Status
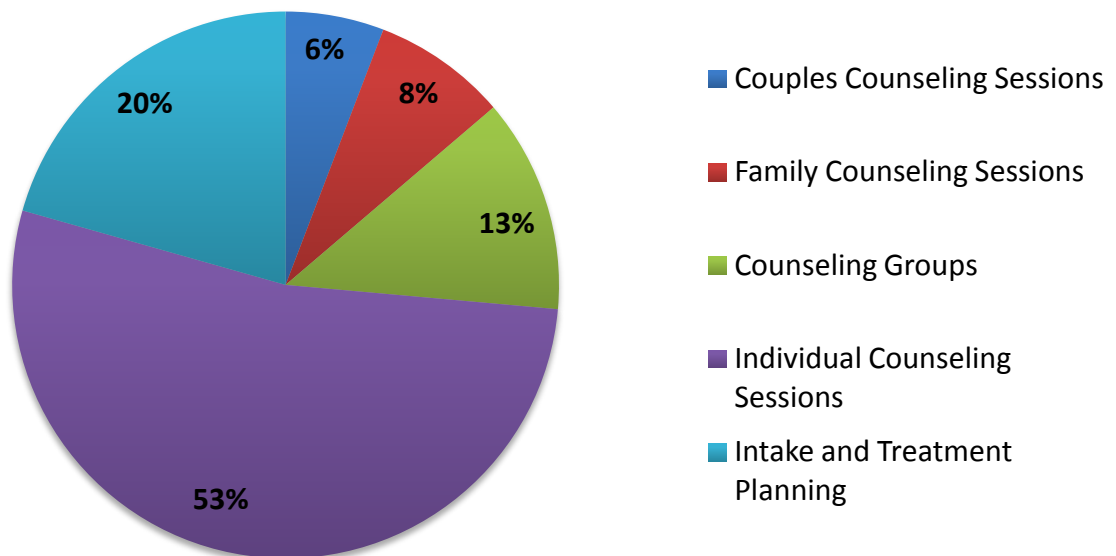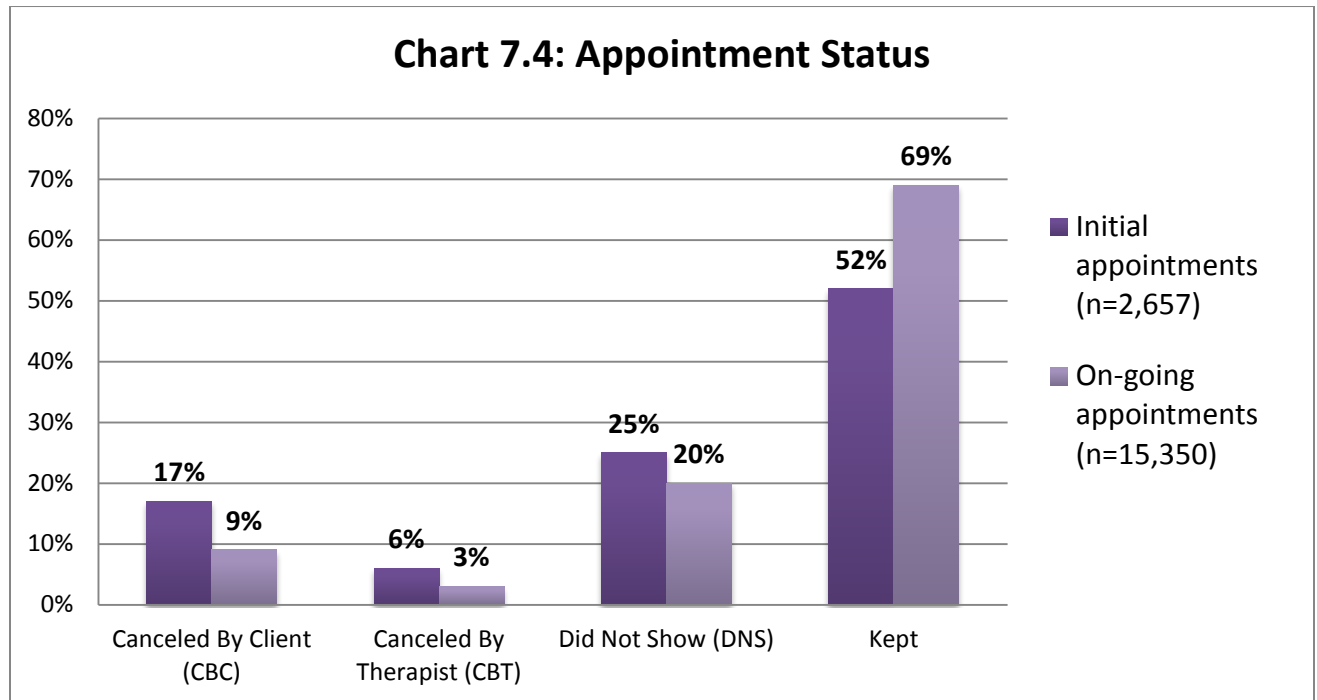
Counseling Outcomes

Families First's Counseling Program aims to improve psychosocial functioning of the clients and families we service. The goals in the Counseling Program include:

- Progress on individualized treatment plan goals
- Decrease in negative symptoms (depression and anxiety)
- Improvements in coping and daily life
- Improvement in overall quality of life
- Improvement in interpersonal relationships
- Changes in negative beliefs systems (FVIP)
- Improve motivation to change (FVIP)

For these outcomes, please see Chart 7.5 and Tables 7.2 – 7. 4.

Family Counseling Outcomes

Chart 7.5: Goal Progress Upon Termination

Table 7.2: Psychosocial Improvement

Improvement is measured by an <u>increase</u> in mean score from pre to post	N	Pre Mean score	Post Mean Score	p value *(probability the improvements were due to chance)* **Asterisks indicate statistically significant improvements**
Overall Sum	24	143.83	154.63	.055 *(promising)*
Depression	46	25.3	28.5	.004**
Anxiety	42	24.88	26.17	.147ns
Relationships	37	34.11	37.03	.009**
Coping and Daily Life	41	21.34	22.46	.067 *(promising)*
Quality of Life	43	29.35	32.86	.004**

p< 0.05*   p<0.01**   p<0.001***   ns = not significant

Difference Between Pre and Post Scores by Composite Variable	N	Pre-Post Difference Mean score	Percent of Increase	Percent of people who improved
Overall Sum	24	-10.79	7.5%	83.3%
Depression	46	-3.22	12.7%	63%
Anxiety	42	-1.29	5.2%	52.4%
Relationships	37	-2.92	8.7%	73%
Coping and Daily Life	41	-1.12	5.3%	53.7%
Quality of Life	43	-3.51	11.97%	76.7%

Family Violence Intervention (FVIP) Outcomes

Table 7.3: Changes in Negative Belief System
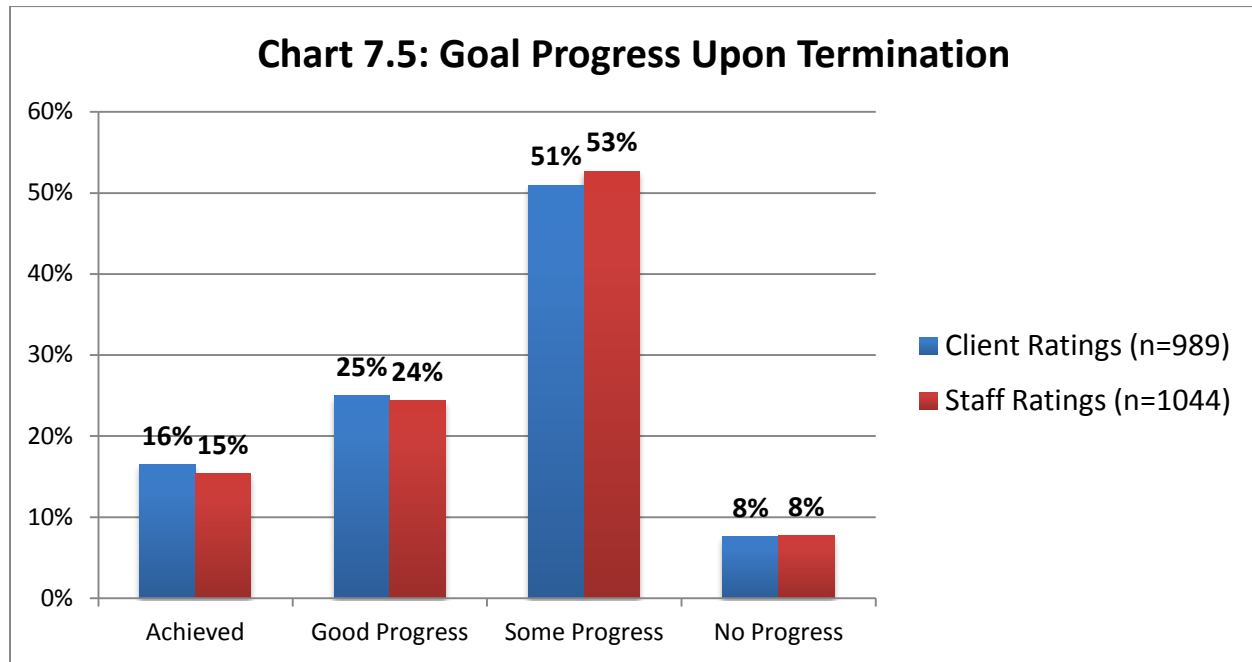
Improvement is measured by an <u>increase</u> in mean score from pre to post	N	Pre Mean score	Post Mean Score	p value *(probability the improvements were due to chance)* **Asterisks indicate statistically significant improvements**
Overall	**40**	**52.8**	**49.3**	**.088** *(promising)*

p< 0.05*   p<0.01**   p<0.001***   ns = not significant

	N	Pre-Post Difference Mean score	Percent of Decrease	Percent of people who improved
Difference Between Pre and Post Scores	30	**3.5**	6.63%	62.5%

Table 7.4: Motivation to Change

	Question	N	% (n) "yes" on pre-test	% (n) "yes" on post-test	χ2 (p-value)
	Overall	**66**	-	-	-
1	I do not want to feel bad about myself	66	80.3% (53)	81.8% (54)	.049 (.824)ns
2	I do not want to lose my job	66	80.3% (53)	83.3%(55)	.204 (.652)ns
3	The financial impact is too great	66	81.8% (54)	78.8% (52)	.192 (.662)ns
4	I do not want to get arrested again	66	81.8% (54)	84.8% (56)	.218 (.64)ns
5	I do not want to look bad to others	66	69.7% (46)	80.3% (53)	1.98 (.159)ns
6	The effects of abuse on my partner	66	86.4% (57)	95.5% (63)	3.3 (.069)ns
7	The effects of abuse on my children	66	87.9% (58)	93.9% (62)	1.467 (.226) ns
8	I want to improve my relationship with my partner	66	90.9% (60)	100% (66)	6.286 (.012) *
9	I do not think it is right to be abusive	66	86.4% (57)	92.4% (61)	1.278 (.258) ns

p< 0.05*   p<0.01**   p<0.001***   ns = not significant

Counseling Evaluation Results

In FY11-12, an extensive program evaluation was conducted in the Counseling Program, specifically targeting the Family Counseling Services. The goals of the evaluation are as follows:

- To provide deeper insight and understanding into the Counseling program and its effectiveness and impact on individuals seeking behavioral healthcare

- To gain a better understanding of the areas in which the Counseling Program are functioning well and producing the desired results and which areas present opportunities for improvement
- To inform the continued improvement and future design of our Counseling Program.

To meet these goals, several key evaluation questions were developed in partnership with program staff and internal evaluation staff. These questions were answered through the following methods:

- In-depth interviews with key informants (current clients)
- Brief interviews with former clients
- Pre-post program surveys
- Evaluation survey (former and current clients)

Multiple interns and student groups collected, analyzed and assisted in reporting these data. The results to the evaluation questions are as follows:

- ***What are clients' expectations of counseling and were they met?***
    a. Expectations: advice, communication, coping, developing trust, overcoming depression, listening
    b. Expectations are being met!
- ***Do clients feel they are involved in the treatment planning process?***
    a. The majority of clients reported feeling part of the treatment planning process and could identify how they were involved
- ***What is the client's perception of the current discharge planning process with clients?***
    a. It appears that little to no discharge planning is occurring from the client's perspective
    b. Most clients do not plan to end services
- ***Why do clients only attend one session?***
    a. Just needed advice and time to re-focus
    b. No follow-up from counselor
    c. Lack of child centered counseling
    d. Inability to establish therapeutic relationship
    e. Not informed that appointment was with an intern
- ***How do clients define success or improvement?***
    a. Overall well-being
    b. Stress management
    c. Coping strategies
    d. Setting and pursuing goals

     e.   Depression management

     f.   Overall improvements in the following areas:

         i.   daily functioning

         ii.   communication

         iii.   decision-making

         iv.   interpersonal relationships

         v.   expression of thoughts/feelings

- ***Are clients improving in coping and functioning, quality of life, and interpersonal relationships?***

  a. Quantitative data shows statistically significant improvements in interpersonal relationships and overall quality of life

  b. Improvements are found in coping and daily life, and they are approaching statistical significance

- ***Are clients decreasing symptoms of depression, anxiety and substance use?***

  a. Quantitative data shows a statistically significant decrease in depression symptoms

  b. No other changes identified

- ***What improvements could be made to strengthen the program and have better results?***

  a. Better intern training and communication around use of interns

  b. Lighten counselors' caseloads

  c. More locations/hours

  d. More bilingual staff

Counseling, Connections, and Support Outcomes Summary and Improvement Initiatives

The Counseling, Connections, and Support Program experienced a myriad of successes and made a number of improvements in FY11-12. Overall, clients are highly satisfied with our services and, generally speaking, are doing better as result of the services received. Clients demonstrated improvements in the areas of quality of life ($p<.01$), interpersonal relationships ($p<.01$), depression ($p<.01$), and coping and daily life functioning ($p<.1$). Overall, 83.3% of clients served in five (5) sessions or less demonstrated some level of improvement and 92% met or made progress on at least one of their treatment goals. For clients receiving FVIP services, 62% demonstrated positive changes in their beliefs and attitudes.

The results of the Counseling Program evaluation led to several key improvement initiatives:

1. ***Key improvement initiative: Improve and measure the establishment of a therapeutic relationship***

- Implemented the Miller Session Rating Scale to ensure a positive therapeutic relationship is established
- Changed the service delivery model to allow for more relationship building, assessment and treatment planning with the client
  - o Assessment and Referrals
  - o Short Term Counseling
  - o Long Term Counseling

2. ***Key improvement initiative: Improve outcomes around coping with anxiety***
- Required counselors to attend intensive training around short term interventions aimed at reducing anxiety
- Specific treatment interventions geared at treating anxiety have been developed to guide treatment planning with the client
- Counselors discuss various interventions being used at monthly meetings in order to learn and grow from each other
- Continued Training: Clinicians attend and provide in house training with each other on a monthly basis, in addition to the outside case consultation from PHD Social worker Brought in 2 hours monthly for case presentation that was brought back this year.

3. ***Key improvement initiative: Improve intern training and communication to clients around use of interns***
- Implemented an intern training program, which includes shadowing a seasoned clinician before and in addition to providing services independently
- Implemented communication at the point of entry level when a client is being scheduled with a student, and client is informed of identity of interns supervisor

4. ***Key improvement initiative: Improve discharge planning with clients***
- Treatment plan now asks for discharge/termination criteria which is allowing for conversation during second session about planning for ending therapy successfully

Healthy Babies, Healthy Moms Program

Working from the belief that effective parenting begins before the birth of a child and that early intervention is key to long-term success, Families First offers services for young pregnant and parenting mothers and fathers. For all of these services, program staff meet with parents in their homes, accompany them to healthcare and social service appointments, and advocate with them in schools. Healthy Babies, Healthy Moms includes a variety of pregnancy and parenting services including TeenAge Pregnancy and Parenting (TAPP), Doula and Resource Mothers.

TAPP offers comprehensive case management and counseling services to pregnant and parenting teens through home and school visitation, service coordination, and parenting education. In addition, TAPP helps pregnant and parenting teens remain in school and matriculate successfully.

With funding from the Georgia Campaign for Adolescent Power and Potential (GCAPP), Families First provides HealthConnect One's **Community-Based Doula** program. Doulas provide emotional and physical support to pregnant young mothers before, during and after the birth of her baby. Our bilingual Doulas educate teens on pre-natal care, labor, delivery, infant care, breastfeeding and bonding in order to ensure healthy outcomes for both the mother and baby.

 In FY10-11, Amerigroup, one of Georgia's leading Care Management Organizations (CMOs), requested that Families First train and support **Resource Mothers** for their clients whose babies were born weighing less than 3.5 pounds. Resource Mothers provide on-going emotional and practical support, information and linkages to resources to ensure that new birth mothers are able to take care of themselves as well as their newborn. Resource Mothers services are a major component of Georgia's Planning for a Healthy Baby (P4HB) initiative, also known as the Medicaid Waiver, launched in early 2011. Planning for a Healthy Baby, as well as the Resource Mothers services, seek to help women delay a second pregnancy for at least two years to ensure women are at optimal health and well-being in order to reduce subsequent high risk pregnancies and/or very low birth weight babies. Additionally, Families First conducted Baby and Me groups for high risk, pregnant Amerigroup members.

In FY11-12, Families First's Healthy Babies Healthy Moms (HBHM) program served **643** individuals, which includes the mother, father, baby, and any other involved family members. There were **60** individuals who received Resource Mothers services; **296** individuals who received Doula services; and **287** individuals who received TAPP services. For additional demographic information, please see Table 8.1.

Table 8.1: HBHM Demographics (n=643)

Gender	#	%
Male	245	38%
Female	398	62%
Race	**#**	**%**
African-American	517	80%
Hispanic	121	19%
Caucasian	5	1%
Age	**#**	**%**
Age 0-5	70	11%
Age 6-11	46	7%
Age 12-17	137	21%
Age 18-25	228	35%
Age 26-36	52	8%
Age 37-46	71	11%

Age 47-59	29	5%
Age Over 60	10	2%
County	**#**	**%**
Clayton	60	9%
Cobb	8	1%
DeKalb	180	28%
Fayette	5	1%
Fulton	354	55%
Rockdale	2	>1%
Unknown	32	5%
Outside Metro Area	2	>1%
Income Level	**#**	**%**
Below 200% of Poverty Level	630	98%
Above 200% of Poverty Level	13	2%

Healthy Babies Healthy Moms Outputs

Families First's Doulas, TAPP social workers, and Resource Mothers provide an array of services both prenatally and post partum. Doula and Resource Mothers services occur in community settings and primarily take the form of home visitation. The Doulas are all peers from the clients' community and provide support throughout the pregnancy, as well as during labor and delivery and post partum. Resource Mothers primarily provide services post partum since clients are not enrolled unless they have a very low birth weight baby. TAPP social workers provide a wide array of case management services to teen mothers and their families. TAPP services include individual sessions, groups, home visitation, and referrals. For service details, please see Chart 8.1.

Chart 8.1: HBHM Services

Bar chart values:
- Birth Activity Labor and Delivery: 36
- Birth Activity Follow-up: 38
- Case Management Activities: 132
- Crisis Management: 47
- Groups: 15
- Home Based Parent Education: 39
- Intakes: 29
- Post Partum Support Services: 612
- Prenatal Support Services: 333
- Telephone Contacts/Referrals: 103
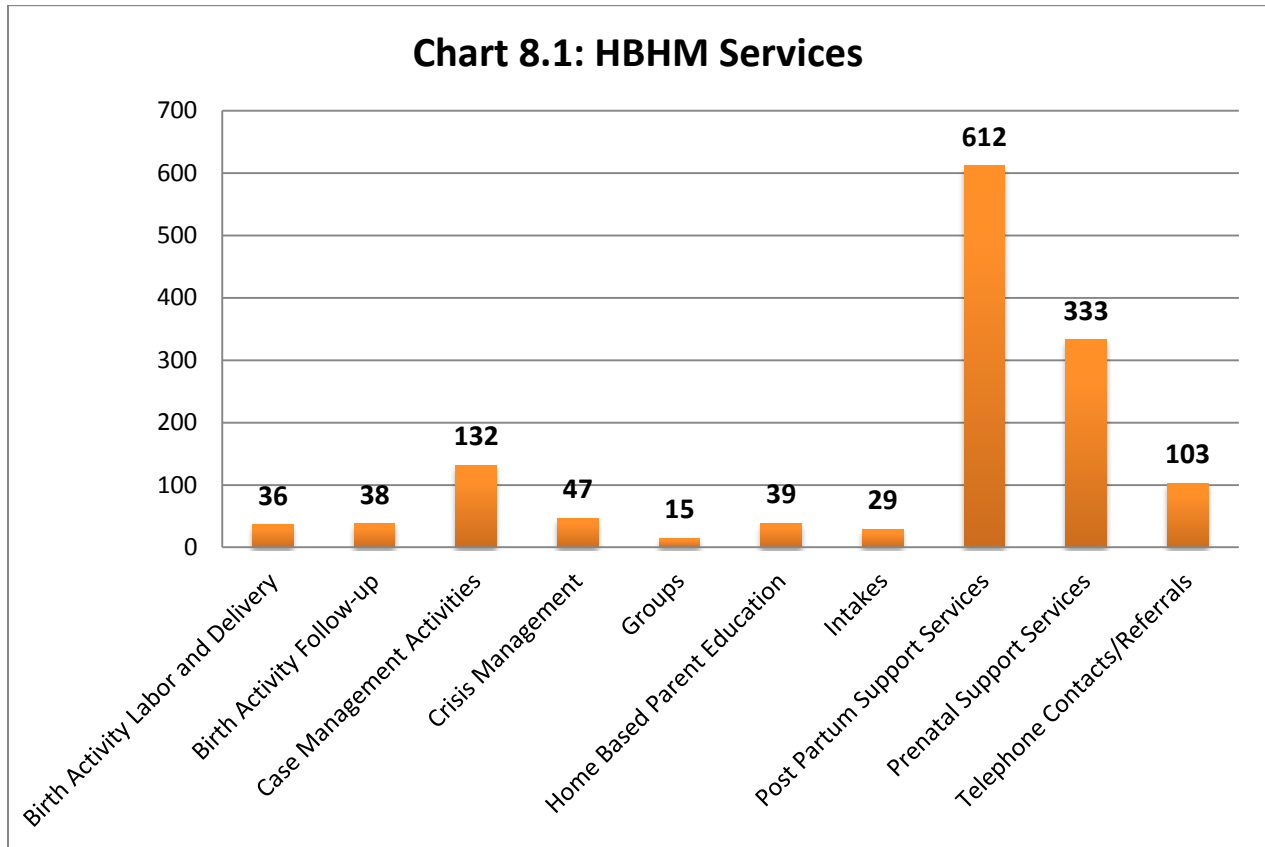
Healthy Babies Healthy Moms Outcomes

The Healthy Babies Healthy Moms Program outcomes are primarily focused on four (4) main goals: increase client goal attainment; improve healthy births; increase parenting skills; and, to delay a subsequent pregnancy. Additionally, TAPP social workers focus on school success and Doulas also work to reduce unnecessary medical interventions and increase breastfeeding. Outcomes in the HBHM program are measured through our internal CQI process. Additionally, through our partnership with GCAPP, an annual evaluation of Doula participants is conducted by *Messages of Empowerment* (MOE). This Annual Outcomes Report only reflects Families First's internal data. GCAPP and MOE's evaluation report on Doula is forthcoming. For outcomes, please see Charts 8.2 – 8.9 and Table 8.2.

Chart 8.2: Birth Method (n=54)

4%
7%
89%

- Vaginal
- Vaginal w/Induction
- Cesarean
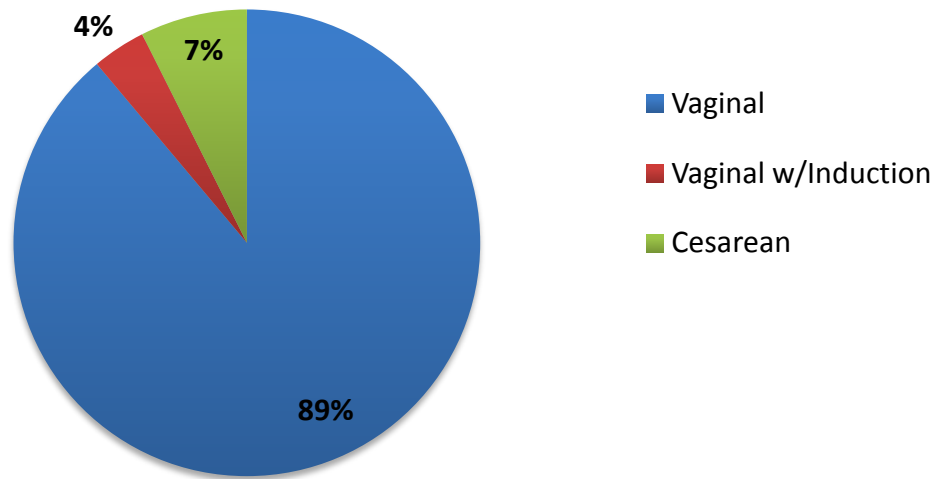
Chart 8.3: HBHM Birth Outcomes (n=55)

	Birth weight 5.5 pounds or more	Full term delivery (37 weeks or more)
	93%	91%
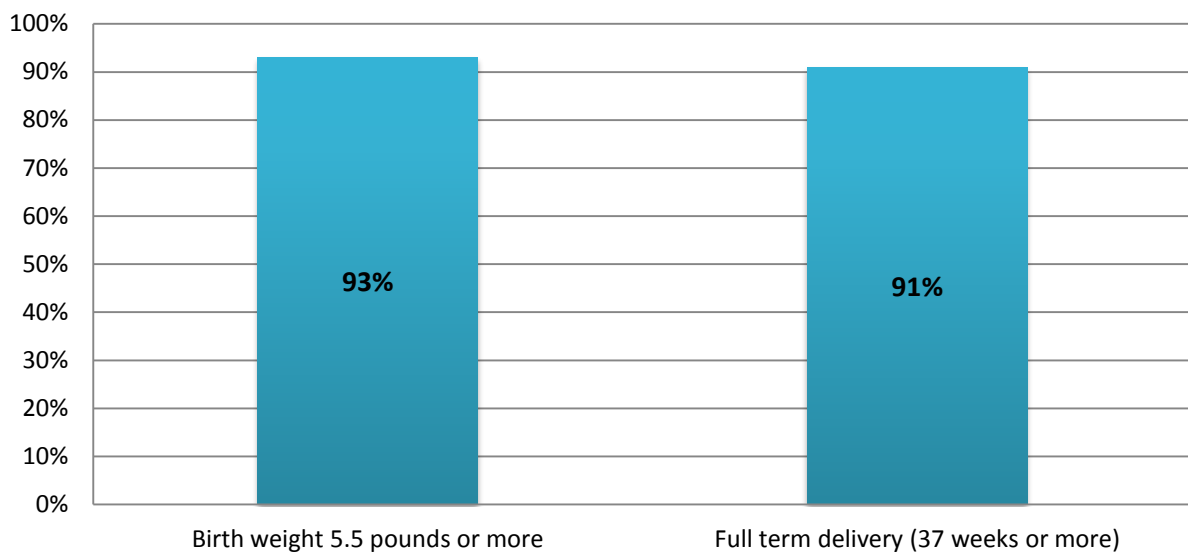
Chart 8.4: Breastfeeding Initiation (n=54)

- Initiaited Breastfeeding
- Did not initiate breastfeeding

6%

94%
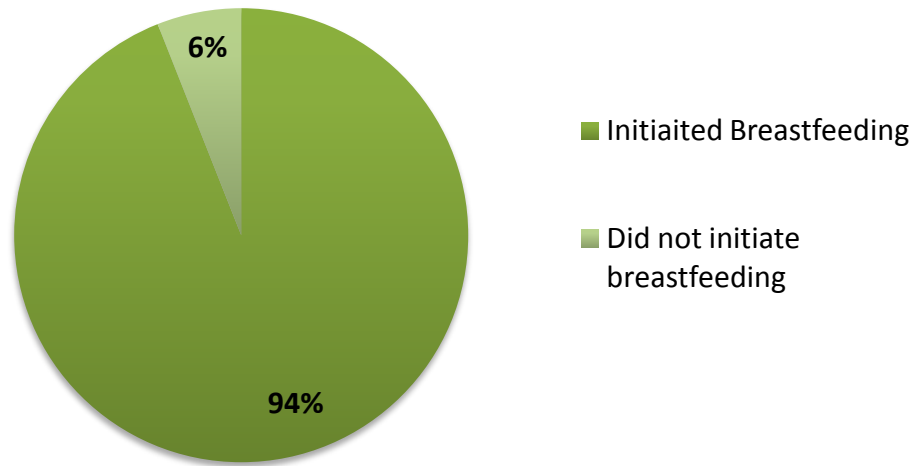
Chart 8.5: Returned to School (n=24)

- Returned to school within 6 weeks of baby's birth
- Did not return to school within 6 weeks of baby's birth

17%

83%
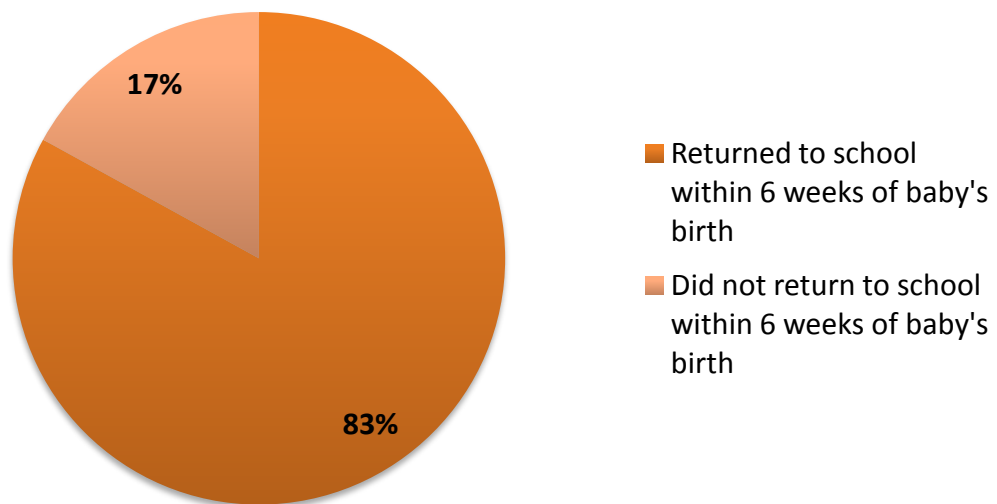
Chart 8.6: Prevention of Subsequent Pregnancy

Legend:
- Actively using contraception
- Not actively using contraception

Pie chart values: 91%, 9%
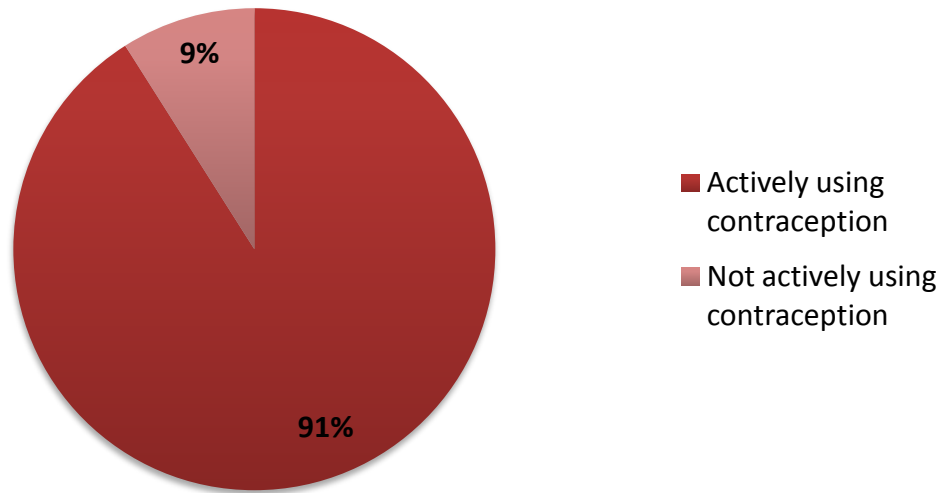
Chart 8.7: Goal Progress upon Discharge

Category	Staff Rating (n=136)	Client Rating (n=135)
Achieved	40%	35%
Good Progress	35%	37%
Some Progress	18%	15%
No Progress	8%	13%

Table 8.2: Increase in Parenting Knowledge

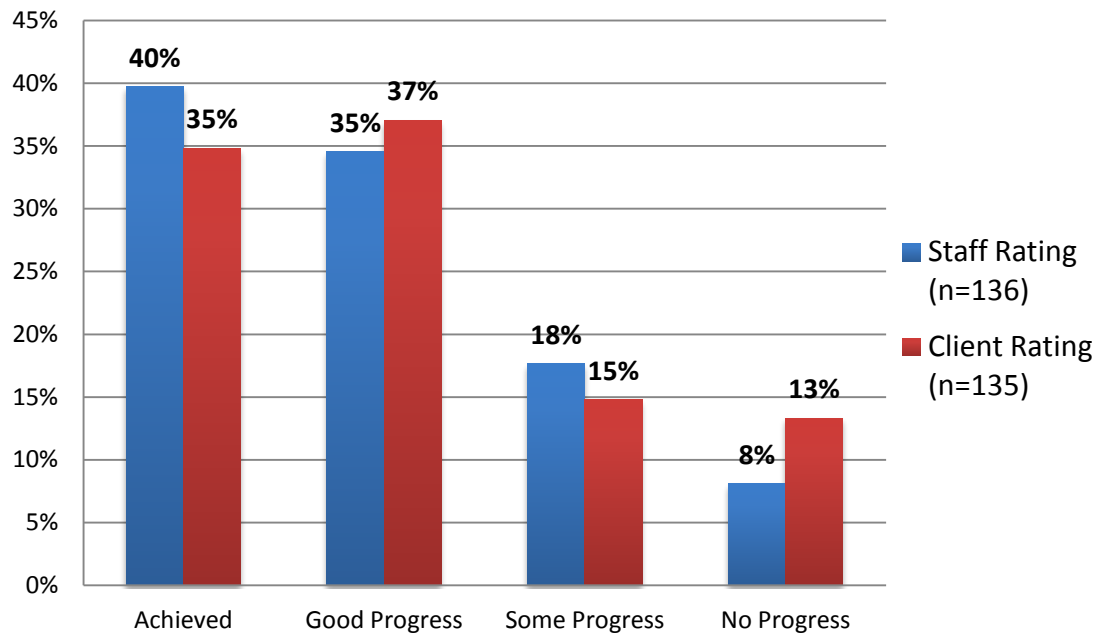| Question: *the higher score is better and improvement is measured by an **increase** from the pre to post mean score*	N	Pre Mean score	Post Mean Score	p value *(probability the improvements were due to chance)* **Asterisks indicate statistically significant improvements**
Overall	11	3.82	5.73	.069 *(promising)*
Nurturing subscale	11	.73	1.27	.052 *(promising)*
Discipline subscale	9	1.22	1.44	.512ns
Child Development subscale	11	2.09	2.91	.251ns

p< 0.05*   p<0.01**   p<0.001***   ns = not significant

	N	Pre-Post Difference Mean score	Percent of Increase	Percent of people who demonstrated an increase in knowledge
Difference Between Pre and Post Scores	11	1.91	50%	63.63%

HBHM Outcomes Summary and Improvement Initiatives

The HBHM program achieved substantial outcomes in FY11-12:

- 93% of the babies were born at a healthy weight compared to about 89% of babies born to teens nationally[6]
- 91% of babies were born full term compared to about 85% nationally[7]
- 94% of teen mothers initiated breastfeeding compared to about 50% of teens initiating nationally[8]
- 91% of teen mothers report they are actively using contraception compared to 81% of at-risk teens reporting use of contraception in research studies[9]
- 83% of TAPP clients returned to school after delivery, which is critical for the success of the mother and baby. Research indicates that teens who return to school are more likely to graduate and delay a subsequent pregnancy[10]
- 89% of Doula clients delivered babies vaginally compared to 82.7% vaginal birth rate for teens without intervention[11]

---

[6] Martin, J.A., et al. Births: Final Data for 2006. National Vital Statistics Reports, volume 57, number 7, January 7, 2009. http://www.marchofdimes.com/downloads/teenagepregnancynodate.pdf

[7] http://www.marchofdimes.com/downloads/teenagepregnancynodate.pdf

[8] Scanlon KS, Grummer-Strawn LM, Chen J, Molinari N, Perrine CG: Racial and ethnic differences in breastfeeding initiation and duration by state - National Immunization Survey, United States, 2004-2008.59:327-334

[9] Mosher WD and Jones J, Use of contraception in the United States: 1982–2008, Vital and Health Statistics, 2010, Series 23, No. 29.

[10] http://ncfy.acf.hhs.gov/tools/exchange/pregnancy-prevention/subsequent-pregnancy

In order to strengthen outcomes associated with child development and parenting knowledge and possibly changes in attitudes/beliefs, the HBHM program staff has begun work on a comprehensive curriculum re-design effort to enhance the educational and supportive services provided to pregnant and parenting teens and women. This curriculum will be completed in FY12-13 and new measures will be developed to assess its effectiveness.

School Success Program

The School Success Program is comprised of three (3) services: Families First in Schools (FFIS), CHISPA, and School Transition. **Families First in Schools (FFIS)** is based on the Families and Schools Together (FAST) model, the Strengthening Families model, and positive youth development research. Through a series of structured activities that encourage fun and supportive family interaction, parent networking and community-building, and relationships with school staff, FFIS improves parent-child-school communication. While the services are targeted at elementary and middle school children, services are provided to the entire family. FFIS services are delivered in a cycle of nine (9), two (2) hour sessions, which includes a newly implemented pre-session. Due to funding reductions, in FY11-12, Families First ceased to provide these services with the last cycle held at Sylvan Middle School during Fall 2011.

CHISPA assures school readiness and achievement among pre-school age children by engaging parents in home visitation, parent leadership, and pre-K and school transition planning. The CHISPA service delivery model is based on the following best practice models: United Way's Partnerships Advancing Childhood Education, Parents-As-Teachers, Parent Services Projects' Parent Leadership Institute, and Strengthening Families' Protective Factors and Community Cafes. Parents as Teachers (PAT) guide home visitation services and is part of the United Way of Metropolitan Atlanta's Partnerships for Advancing Childhood Education (PACE) network. The families are served through our three (3) community sites: Champion apartment complex, the Norcross Mobile Home Park, and Rockbridge Elementary.

CHISPA outcomes are measured through our internal CQI process. Additionally, through the partnership with the United Way of Greater Atlanta, CHISPA, along with other operating sites, is independently evaluated by *The Evaluation Group (TEG)*. The data presented in this report for CHISPA are exclusively from Families First's internal data tracking systems.

School Transition services were only provided during the FY11-12 time period as part of the United Way of Greater Atlanta transitional funding for these services. Services were provided to children who were entering Pre-K or Kindergarten and their families. The services helped

---

[11] http://www.dailyrx.com/lower-rate-c-section-among-young-teenagers

prepare parents for school and ensure that their children were properly enrolled and attending school.

In FY11-12, Families First served **373** parents and children, through our School Success programs. CHISPA served **264** individuals; Families First in Schools served **23** individuals; and School Transition served **86** individuals. For more demographic details, please see Table 9.1.

Table 9.1: School Success Demographics (n=373)

Gender	#	%
Male	178	48%
Female	195	52%
Race	**#**	**%**
African-American	23	6%
Hispanic	350	94%
Age	**#**	**%**
Age 0-5	105	28%
Age 6-11	61	16%
Age 12-17	30	8%
Age 18-25	15	4%
Age 26-36	139	37%
Age 37-46	20	5%
Age 47-59	2	1%
Age Over 60	1	1%
County	**#**	**%**
Fulton	23	6%
Gwinnett	350	94%
Income Level	**#**	**%**
Below 200% of Poverty Level	373	100%

School Success Outputs

FFIS services are primarily delivered through school based, evening groups. CHISPA primarily delivers services through home visitation, community groups and play and learn groups. For the total number of services provided, please see Chart 9.1.

Chart 9.1: School Sucess Services Provided
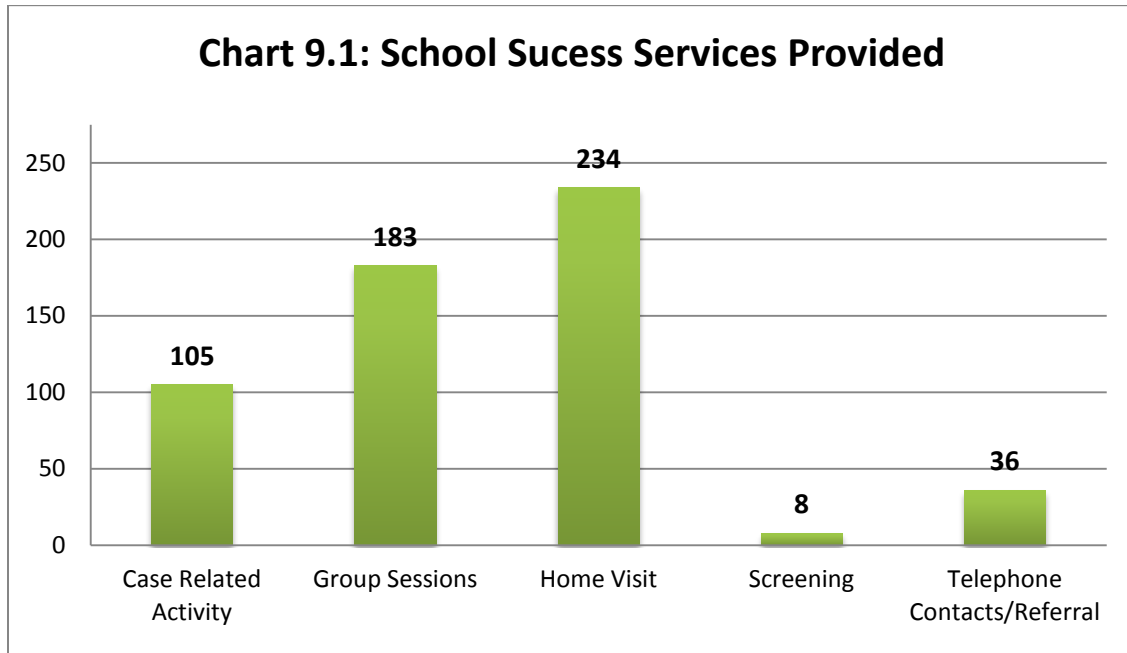
School Success Outcomes

CHISPA's primary goals are to prepare children for elementary school and empower parents to advocate for their families particularly related to educational attainment in an effort to improve educational success. Data are collected from both parents and teachers. The data presented in this report represent those data available from Families First's internal reporting. For these outcomes, please see Tables 9.2 – 9.5 and Chart 9.2. Given the limited period of time School Transition and FFIS services were offered in FY11-12, data on their effectiveness is limited. For these outcomes, please see Chart 9.3 and Table 9.5.

Table 9.2 CHISPA Parent Leadership

Goal	N	Outcome Achieved
Parents participate in the school transition team	22	91% (20)
Parents participate in community events	64	94% (60)
Parents participate in school activities	22	100% (22)
Parents participate in Parent Cafés	30	100% (30)

Table 9.3: CHISPA Parent Knowledge

Question- *the **higher** the score is better and improvement is defined by an **increase** from the pre to the post mean score*	N	Pre Mean score	Post Mean Score	p value *(probability the improvements were due to chance)* ***Asterisks indicate statistically significant improvements***
Overall	**22**	**23.64**	**26.36**	**.036***

p< 0.05*   *p<0.01***   *p<0.001****   *ns = not significant*

	N	Pre-Post Difference Mean score	Percent of Increase	Percent of people who improved
Difference Between Pre and Post Scores	22	**2.72**	11.51%	72.7%

Table 9.4: CHISPA School Readiness – Parent

Goal	N	Outcome Achieved
Parents participate in the school transition activities	22	100% (22)
Parents complete a school transition plan and/or portfolio	22	100% (22)
Children will be enrolled in school on time	22	100% (22)

Table 9.5: CHISPA School Readiness - Teacher

	N	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Mean
Student was prepared academically for entering school	14	14.3%(2)	7.1%(1)	14.3%(2)	42.9%(6)	21.4%(3)	3.5
Student demonstrates a desire to learn	14	7.1%(1)	--	14.3%(2)	35.7%(5)	42.9%(6)	4.07
Student was prepared socially for entering school	14	--	--	7.1%(1)	57.1%(8)	35.7%(5)	4.29
Student was more prepared for entering school than other students in the class	13	7.7%(1)	7.7%(1)	38.5%(5)	23%(3)	23%(3)	3.46

Chart 9.2: CHISPA School Readiness based on GKids baseline exam (n=14)

- 14%
- 14%
- 72%

Legend:
- Passed
- Did not pass and needs minor support
- Did not pass and needs major support
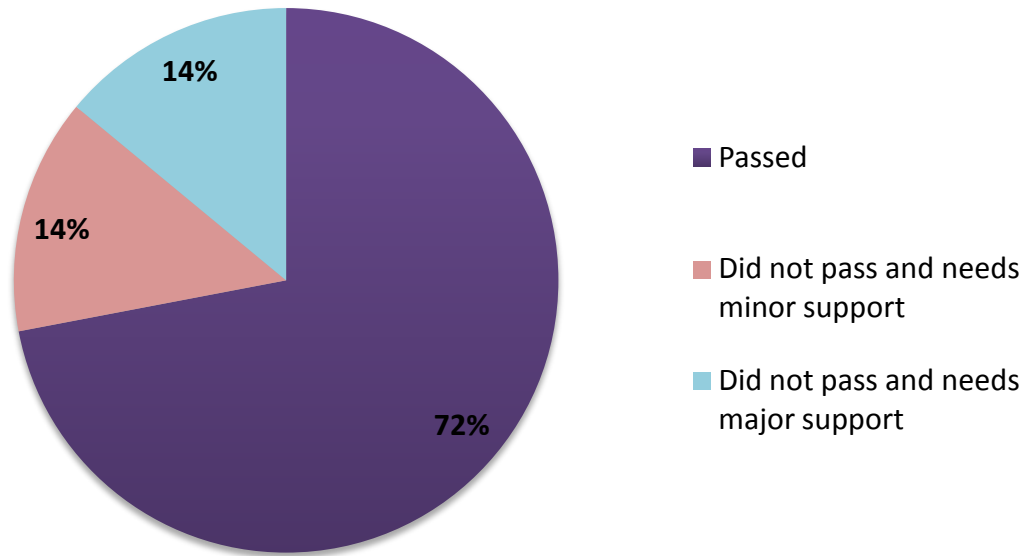
Chart 9.3: School Transition Attendance (n=21)

- 9%
- 5%
- 86%

Legend:
- Perfect attendance
- Missed less than 5 days
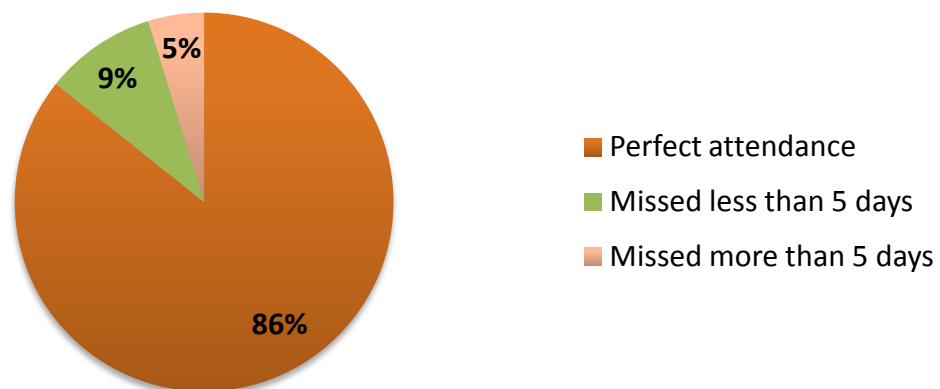- Missed more than 5 days

Table 9.5: FFIS Satisfaction

Question	N	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Mean score (5 is highest)
FFIS was helpful to myself and my family	6	--	--	--	--	100% (6)	5
FFIS staff have been helpful to myself and my family	6	--	--	--	--	100% (6)	5
My children liked the various FFIS activities	6	--	--	--	--	100% (6)	5
I enjoyed the special play	6	--	--	--	17% (1)	83% (5)	4.83
I enjoyed the parent group	6	--	17% (1)	--	--	83% (5)	4.5
My relationship with my child is better due to FFIS	6	--	--	--	67% (4)	33% (2)	4.33
My relationship with my child's school is better due to FFIS	6	--	--	17% (1)	33% (2)	50% (3)	4.33
My relationship with other parents is better due to FFIS	6	--	--	--	67% (4)	33% (2)	4.33
FFIS has affected my behavior at home in a positive way	6	--	--	33% (2)	33% (2)	33% (2)	4
FFIS has affected my child's behavior at home in a positive way	6	--	--	17% (1)	33% (2)	50% (3)	4.33
I will use the things I learned in FFIS in my	5	--	--	20% (1)	40% (2)	40% (2)	4.2

parenting							
The scheduling of the FFIS sessions was convenient to my family	6	--	--	17% (1)	50% (3)	33% (2)	4.17
Overall, the FFIS program was beneficial to myself and my family	6	--	--	17% (1)	50% (3)	33% (2)	4.17

School Success Outcomes Summary and Improvement Initiatives

The School Success program had many successes in FY11-12 as well as some significant changes. CHISPA services are highly successful in engaging parents and helping them engage in their child(ren)'s school and the larger community. Parents were also successful in preparing their child for school (100% on all measures) as well as statistically increasing their parenting knowledge (p<.05). Given that CHISPA clients are immigrant children and English is their second language, it is impressive that almost 93% of the children were socially prepared for entering school; 64% were academically prepared to enter school; and 72% passed the GKids baseline exam. According to a report published by the Urban Institute, "research shows that ELLs (English language learners) score lower on measures of academic achievement than English speakers. This achievement gap begins early and persists throughout the elementary and secondary years. Young children with less exposure to English in their earliest years will be challenged by their language skills upon school entry".[12]

Given the achievement discrepancies, Families First would like to see stronger outcomes for these children entering school, and as such, more emphasis has been placed on proper assessment and referrals for children who are demonstrating developmental delays (utilizing the Ages and Stages Questionnaire to identify needs) and/or academic delays.

Due to many contributing factors, particularly funding reductions, both School Transition and Families First in Schools ended in FY11-12.

---

[12] http://www.urban.org/url.cfm?ID=412205

Effective and Nurturing Parenting Program

The Effective and Nurturing Parenting Program is comprised of two (2) primary parenting services: Parenting Time and Seminars for Divorcing Families.

Parenting Time services evolved from the federal Access and Visitation movement, which Families First was a founding member. These services facilitate communication and planning among custodial and non-custodial parents to ensure children have safe and consistent access to, and visitation with, both biological parents and family members. Parenting Time participants must have an active case with the Office of Child Support Enforcement. The services are aimed at improving parents' understanding and support of their child's biological, psychological, emotional and social needs, and decrease negative influences related to parental separation and unresolved issues.

Families First's Seminars for Divorcing Families address the issues surrounding divorce, and builds knowledge and skills related to co-parenting and helping children cope with divorce. Our Seminars for Divorcing Families includes the following services:

- TransParenting/CCWD seminars are one time, court mandated classes for parents who are divorcing in Clayton, Cobb, and Fulton Counties. These seminars enhance parents' co-parenting acumen and skills and reduce the negative impact of the divorce on their children.
- Rollercoasters (R8) is an eight (8) week program for children ages 5-17 to learn how to cope with their parents' divorce.
- What about Me (WAM)/Rollercoasters (R1) is a one-time session where children begin to understand divorce and learn coping techniques. This seminar usually occurs while parents attend the TransParenting/CCWD seminar.

In FY11-12, we served **10,187** individuals through the Effective and Nurturing Parenting Program. Parenting Time services were provided to **3,666** individuals and Seminars for Divorcing Families provided services to **6,521** individuals. For more demographic information, please see Table 10.1.

Table 10.1: Effective and Nurturing Parenting Demographics (n=10,187)

Gender	#	%
Male	4908	48%
Female	5279	52%
Race	**#**	**%**
African-American	4635	46%
Asian	65	1%

Caucasian	3333	32%
Hispanic	496	5%
Other	108	1%
Unknown	1550	15%
Age	**#**	**%**
Age 0-5	1031	10%
Age 6-11	1374	13%
Age 12-17	733	7%
Age 18-25	1050	10%
Age 26-36	2866	28%
Age 37-46	1648	16%
Age 47-59	269	3%
Age Over 60	19	1%
Unknown	1197	12%
County	**#**	**%**
Cherokee	12	0%
Clayton	1207	12%
Cobb	4150	41%
Coweta	7	0%
DeKalb	650	6%
Douglas	41	1%
Fayette	7	0%
Fulton	2957	29%
Gwinnett	397	4%
Henry	47	1%
Paulding	23	0%
Rockdale	22	0%
Unknown	384	4%
Outside metro area	283	3%
Income Level	**#**	**%**
Below 200% of Poverty Level	3832	38%
Above 200% of Poverty Level	461	4%
Unknown Income Level	5894	58%

Effective and Nurturing Parenting Outputs

The Effective and Nurturing Parenting program provides services to improve parenting/co-parenting skills and to eliminate barriers for non-custodial parents to gain access to their child(ren). The services provided include intake and assessment, groups, case management services, counseling and parenting plans. For service details, please see Charts 10.1 and 10.2.

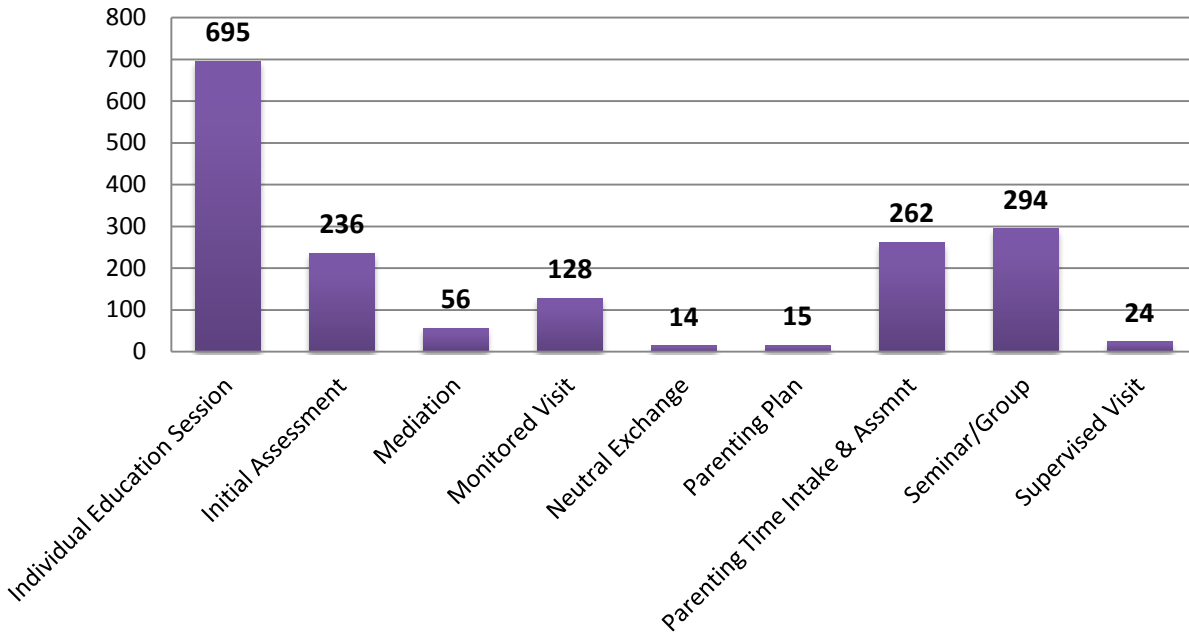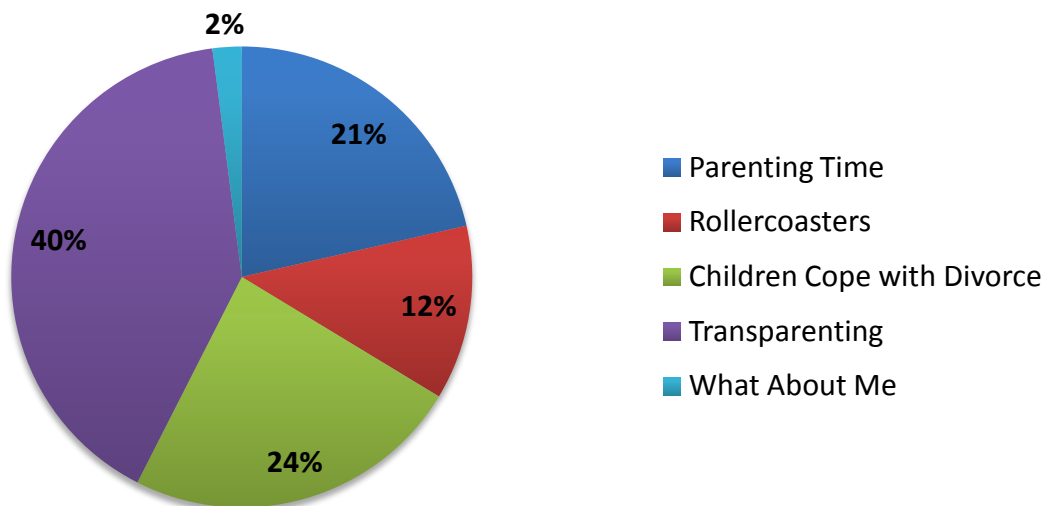**Chart 10.1: Effective and Nurturing Parenting Services Provided**

Service	Count
Individual Education Session	695
Initial Assessment	236
Mediation	56
Monitored Visit	128
Neutral Exchange	14
Parenting Plan	15
Parenting Time Intake & Assmnt	262
Seminar/Group	294
Supervised Visit	24

Chart 10.2: Effective and Nurturing Parenting Breakdown of Seminars/Groups (n=294)

- Parenting Time — 21%
- Rollercoasters — 12%
- Children Cope with Divorce — 24%
- Transparenting — 40%
- What About Me — 2%

Effective and Nurturing Parenting Outcomes

Parenting Time goals include eliminating barriers to access between non-custodial parents and children, increasing visitation, and making progress on treatment plan goals. For Parenting Time outcomes, please see Chart 10.3 - 10.5.

Seminars for Divorcing Families' goals include increased understanding about the impact of divorce on children; increased understanding on how to co-parent; and increased ability for children to cope through the divorce. The Seminars for Divorcing Families goals are to increase co-parenting skills; decrease the negative impact of divorce on the child; and, to increase the child's coping and functioning skills. In FY10-11, we researched, developed, and piloted new pre-post surveys for both parents and children receiving Rollercoasters and/or WAM services. In our TransParenting and Children Cope with Divorce programs, we are required by the courts to use their post survey. For Seminars for Divorcing Parents outcomes, please see Tables 10.2 – 10.5.
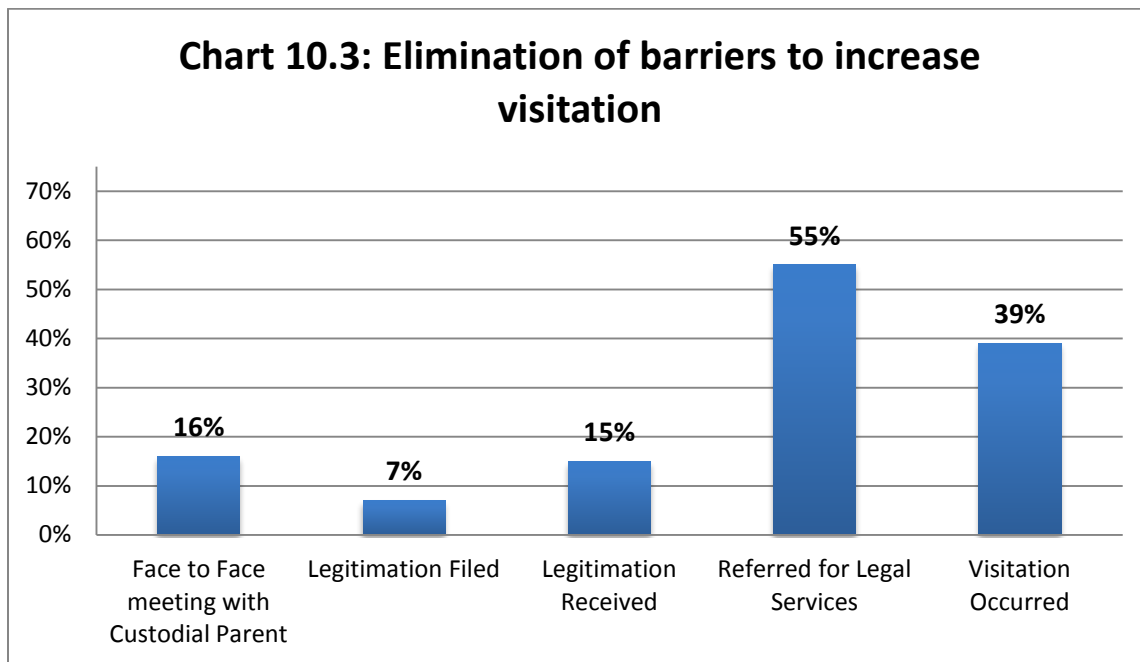
Parenting Time Outcomes

Chart 10.3: Elimination of barriers to increase visitation

Category	Percentage
Face to Face meeting with Custodial Parent	16%
Legitimation Filed	7%
Legitimation Received	15%
Referred for Legal Services	55%
Visitation Occurred	39%

Chart 10.4: Type of Visitations (n=222)

- Mediation — 25%
- Monitored Visit — 58%
- Neutral Exchange — 6%
- Supervised Visit — 11%
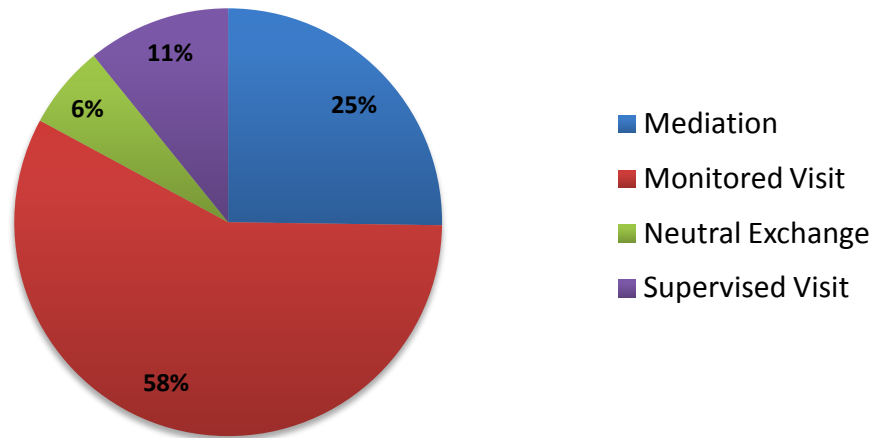
Chart 10. 5: Goal Progress Upon Termination

	Achieved	Good Progress	Some Progress	No Progress
Client Ratings (n=328)	22%	14%	33%	31%
Staff Ratings (n=321)	23%	12%	33%	32%
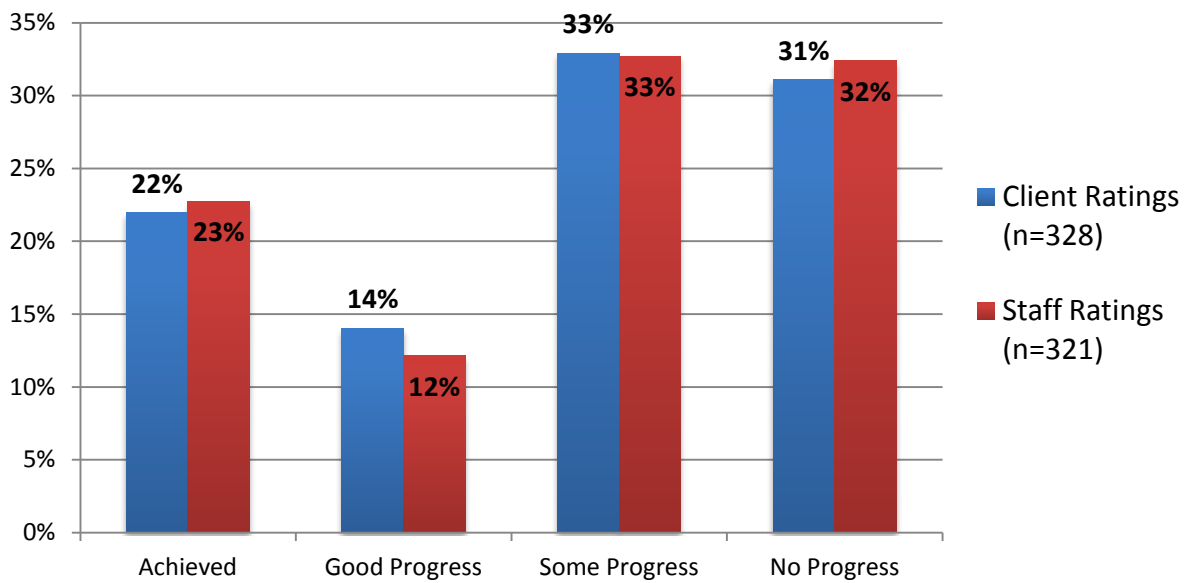
Seminars for Divorcing Families Outcomes

Table 10.2: Rollercoasters/WAM Outcomes - Child

Question-*the higher score is better and improvement is measured by an **increase** from the pre to post mean score*	N	Pre Mean score	Post Mean Score	p value *(probability the improvements were due to chance)* **Asterisks indicate statistically significant improvements**
Overall Score	**31**	**2.30**	**2.57**	**.008****
I understand my feelings about my parents' divorce	33	2.45	2.52	.690*ns*
I sometimes think the divorce is my fault	34	1.47	1.24	.133*ns*
It's hard to talk about my parents' divorce	35	2.09	2.03	.711*ns*
I know good ways to deal with my feelings about the divorce	35	2.20	2.71	.002**

p< 0.05*   p<0.01**   p<0.001***   ns = not significant

	N	Pre-Post Difference Mean score	Percent of Increase	Percent of people who improved
Difference Between Pre and Post Scores	31	**.27**	11.74%	54.8%

Table 10.3: TransParenting Outcomes – Fulton County

Question	N	Strongly Disagree (5)	Disagree (4)	Neutral (3)	Agree (2)	Strongly Agree (1)	Mean score
Was the information helpful?	636	1.1% (7)	.5% (3)	2.7% (17)	10.8% (69)	84.9% (540)	1.22
Was the presentation clear?	634	.5% (3)	.3% (2)	1.4% (9)	8.2% (52)	89.6% (568)	1.14
Was the presentation understandable?	635	.3% (2)	.2% (1)	2% (13)	4.9% (31)	92.6% (588)	1.11
Were your questions answered?	631	.8% (5)	.6% (4)	9.5% (60)	8.2% (52)	80.8% (510)	1.32
Was the delivery timely?	631	1.7% (11)	1.7% (11)	2.7% (17)	10% (63)	83.8% (529)	1.28
Were the presenters knowledgeable?	633	.3% (2)	.3% (2)	1.7% (11)	5.8% (37)	91.8% (581)	1.12

Table 10.4: TransParenting Outcomes – Clayton County

Question	N	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Mean score
The presenters knew their subject matter well	183	.5%(1)	--	3.2% (6)	24%(44)	72.1%(132)	4.68
I will use what I learned at the seminar	186	1.1% (2)	--	6.5% (12)	31.7% (59)	60.8% (113)	4.51
I would recommend the seminar to others	186	1.1% (2)	.5% (1)	9.7% (18)	28.5% (53)	60.2% (112)	4.46
I resented being required to attend	184	26.6%(49)	25% (46)	21.7% (40)	12% (22)	14.7% (27)	2.63
My knowledge about families and divorce was increased	182	1.1% (2)	3.8% (7)	15.4% (28)	34.1% (62)	45.6% (83)	4.19

Question	N	Not helpful (4)	Somewhat helpful (3)	Very helpful (2)	Extremely Helpful (1)	Mean score
Helpfulness of the Seminar	183	3.3% (6)	15.8% (29)	37.7% (69)	43.2% (79)	1.79

Table 10.5: Children Cope with Divorce Outcomes – Cobb County

Question	N	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Mean score
Overall I found the seminar to be helpful	872	3.6% (32)	.5% (5)	6.8% (60)	30.8% (269)	58% (506)	4.37
The information that I learned today will help me deal with my spouse/ex-spouse	878	1.1% (10)	2.2% (19)	9.3% (82)	39.7% (349)	47.6% (418)	4.31
At this time, there is much conflict between my spouse and I	845	17.9% (151)	24% (203)	20.9% (177)	17.2% (145)	20% (169)	3.00
My children are having a difficult time with the divorce/custody	808	13.6% (110)	27.1% (219)	34.3% (277)	15.5% (125)	9.5% (77)	2.81
The information I learned today will help me to understand my children and what they are experiencing	715	1.1% (8)	3.2% (23)	10.6% (76)	35.4% (253)	49.7% (355)	4.29
The presenters did a good job with the material	820	.5% (4)	7.3% (60)	--	21.7% (178)	70.5% (578)	4.63

Effective and Nurturing Parenting Outcomes Summary and Improvement Initiatives
The Effective and Nurturing Parenting program experienced many successes in FY11-12. Overall, 88% of Seminars for Divorcing Families attendees found the seminars to be helpful and the children and youth found their seminar helpful in coping with the divorce (p<.01). Parenting Time services were successful in assisting 39% of clients have meaningful visits and interactions with their children; 55% were linked with legal services; and 69% met or made progress on their service plan goals.

While we are pleased that 39% of our clients are now having visitations with their children, we would like to see this number increase in our effort to ensure children grow up in nurturing and stable families. As a result, we will examine the barriers to visitation more closely, especially the relationship between the custodial and non-custodial parent. In FY12-13, we will measure changes in this relationship as an indicator of reducing barriers to help identify potential areas for improvement in order to increase parent-child visitations.

Family Sustainability and Empowerment

Transitional and Supportive Housing

Community Support Services

Ways to Work
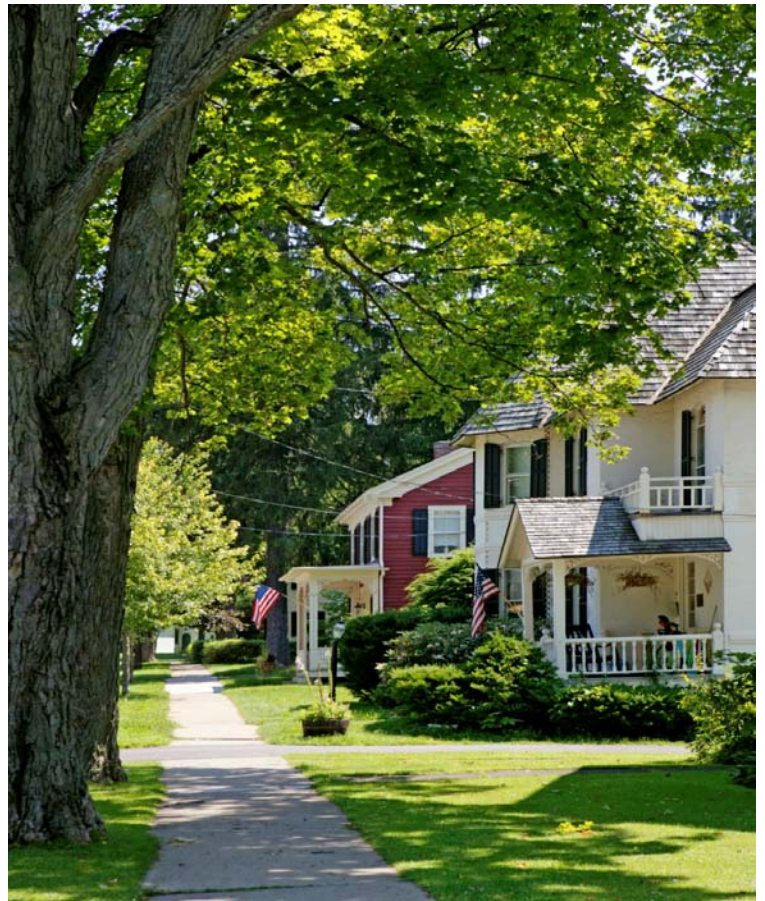
Transitional and Supportive Housing Program

The Transitional and Supportive Housing Program delivers services in three (3) locations: Delowe Village, Defoors Ferry (formerly Georgian Hills), and Weaver Gardens. **Project G.R.O.W. (G**oals, **R**esponsibilities, **O**pportunities and **W**ell-Being) **at Delowe Village** provide community-based services including supportive case management to families who have a history of chronic homelessness and suffer from at least one disability: mental illness, substance abuse, and/or medical illness. Project G.R.O.W. utilizes several Evidence Based Practices (EBPs): Housing First EBP model, Motivational Interviewing, and best practices around case management. Services are delivered at the Delowe Village apartment complex in East Point.

Shelter-A-Family (SAF) provides community-based services in the Defoors Ferry (formerly Georgian Hills) apartment complex in the City of Atlanta. SAF provides supportive case management to families who are chronically homeless and suffer from at least one disability, *e.g.,* mental illness, substance abuse, and/or medical illness. SAF utilizes several Evidence Based Practices: Housing First model, Motivational Interviewing, Assertive Community Treatment (ACT) team, and best practices around case management.

Weaver Gardens is a transitional living home that provides efficiency apartments and intensive case management and support for young mothers, ages 17 to 26, who have one child less than a year old and were previously homeless. The goal of this program is for the mothers to enhance their parenting and life skills and develop long-term economic independence.

In FY11-12, we served **218** individuals in our Transitional and Supportive Housing program. Eighty-seven (**87**) individuals were served at the Project G.R.OW. at Delowe Village ; **89** individuals were served at Shelter-A-Family at Georgian Hills/Defoors Ferry; and **42** mothers and babies were served at the Weaver Gardens transitional living facility.   All clients served are low income and live in Fulton County. For more demographic information, please see 11.1.
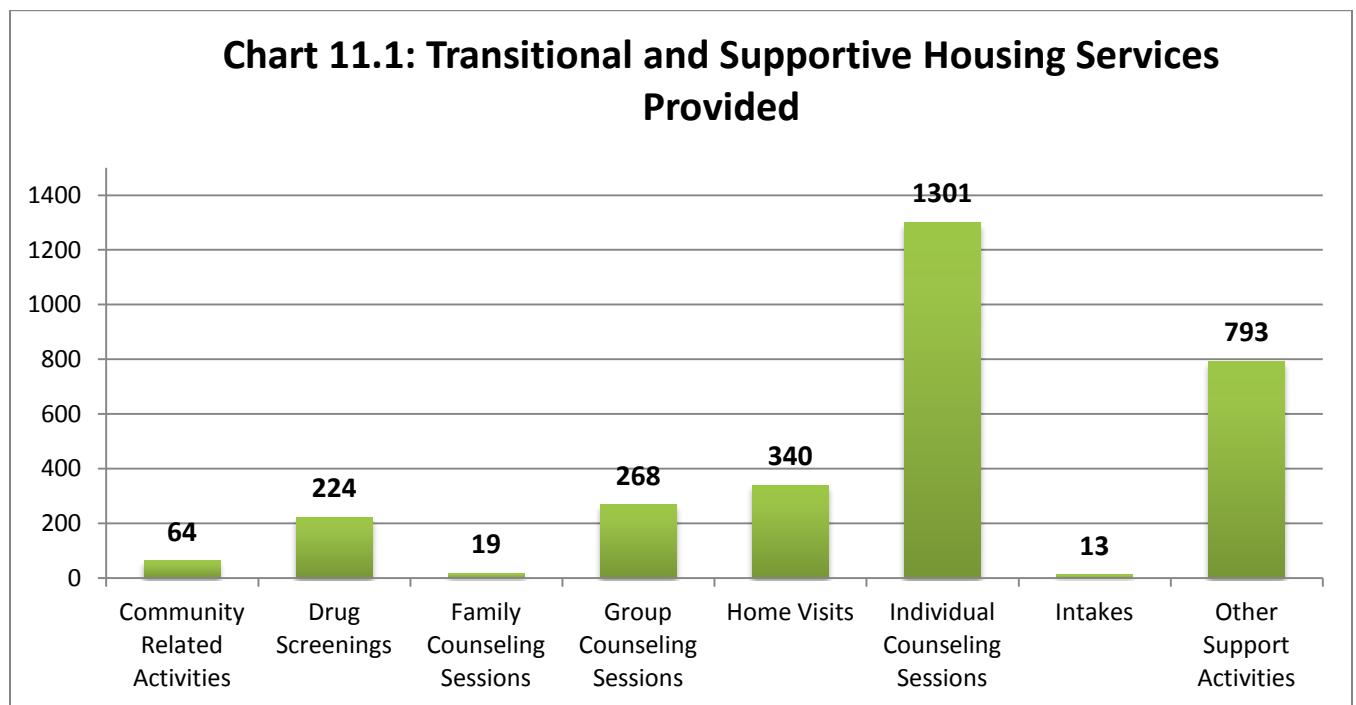
Table 11.1: Transitional Living and Supportive Housing Demographics (n=218)

Gender	#	%
Male	72	33%
Female	146	67%
Race	**#**	**%**
African-American	208	96%
Asian	1	1%
Caucasian	3	1%
Hispanic	3	1%
Other	3	1%

Age	#	%
Age 0-5	41	19%
Age 6-11	33	15%
Age 12-17	34	15%
Age 18-25	51	23%
Age 26-36	19	9%
Age 37-46	25	11%
Age 47-59	15	7%
Age Over 60	0	0%

Transitional and Supportive Housing Outputs

The Transitional and Supportive Housing program provides intensive case management and supportive services to assist chronically homeless families gain stability. For service details, please see Chart 11.1.

Chart 11.1: Transitional and Supportive Housing Services Provided

Service	Count
Community Related Activities	64
Drug Screenings	224
Family Counseling Sessions	19
Group Counseling Sessions	268
Home Visits	340
Individual Counseling Sessions	1301
Intakes	13
Other Support Activities	793

Transitional and Supportive Housing Outcomes

The Transitional and Supportive Housing program has many goals, which are all aimed at increasing the families' stability and self-sufficiency.   Shelter-A-Family is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), which includes funding for the services of a program evaluator, Dr. Kimberly Jacob-Arriola, from Emory University's School of Public Health to evaluate the program during the current five (5) year funding cycle. Data presented in this report represent both the internal data collected at Families First (Charts 11.2 – 11.8) and the external evaluation report. A copy of the evaluation report is available upon request.
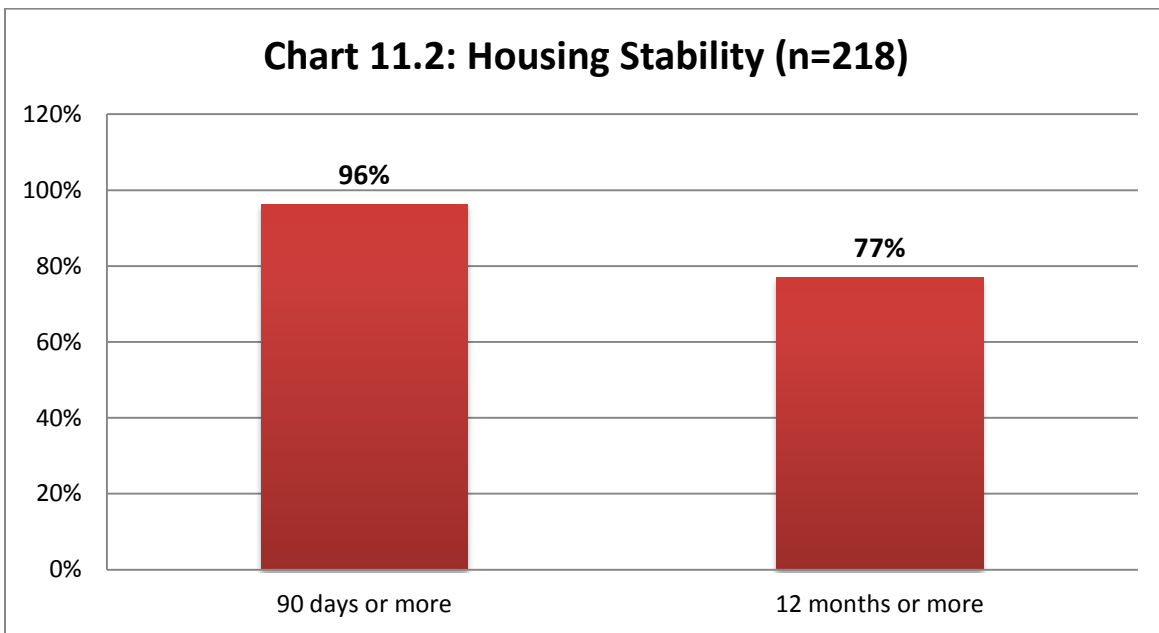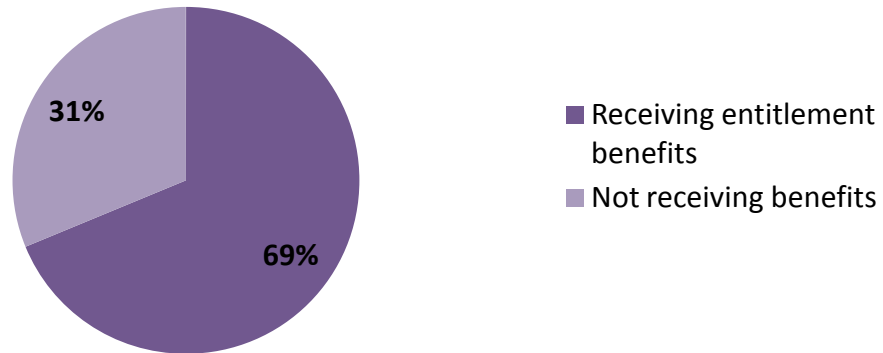
Chart 11.2: Housing Stability (n=218)

Category	Percentage
90 days or more	96%
12 months or more	77%

Chart 11.3: Self-Sufficiency (n=48)

Category	Percentage
Employed	25%
Educational Program	46%
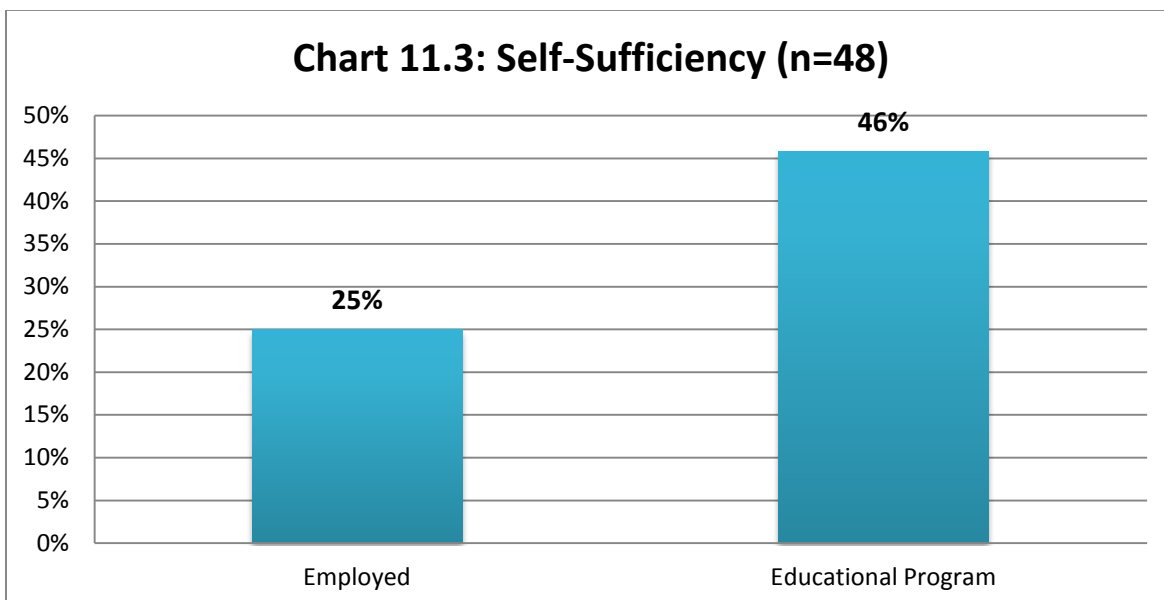
Chart 11.4: Access to benefits (n=48)

- Receiving entitlement benefits
- Not receiving benefits

31%

69%

Chart 11.5: Substance Use Recovery

- Negative Drug Screens
- Positive Drug Screens

25%

75%
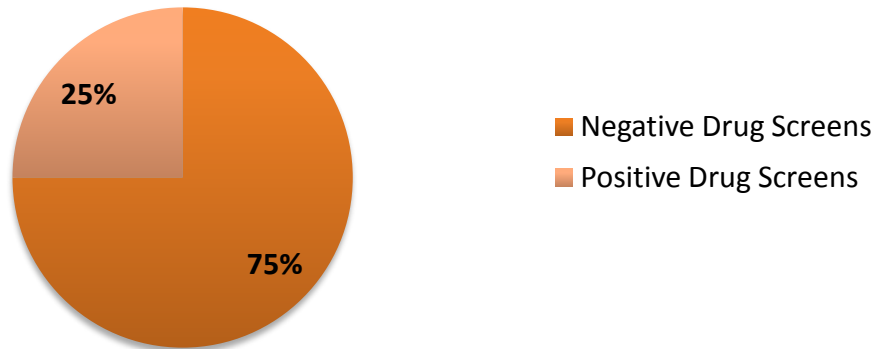
Chart 11.6: Transition to Stable Housing After Exiting Program (n=25)

- Successful Transition into Stable Housing
- Unsuccessful Transition into Stable Housing

24%

76%
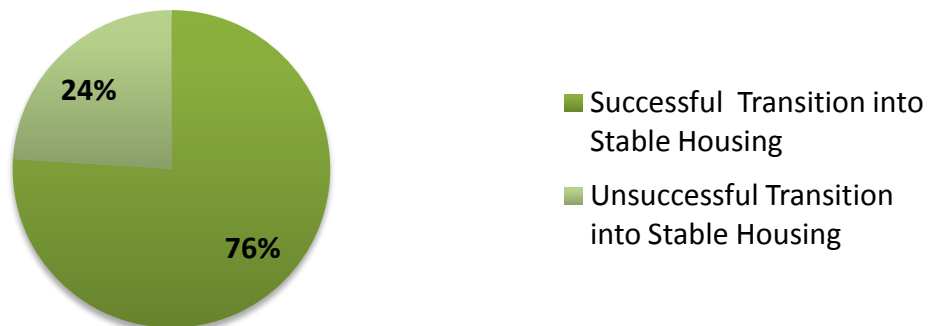
Chart 11.7: Transitional and Supportive Housing Goal Progress upon Termination
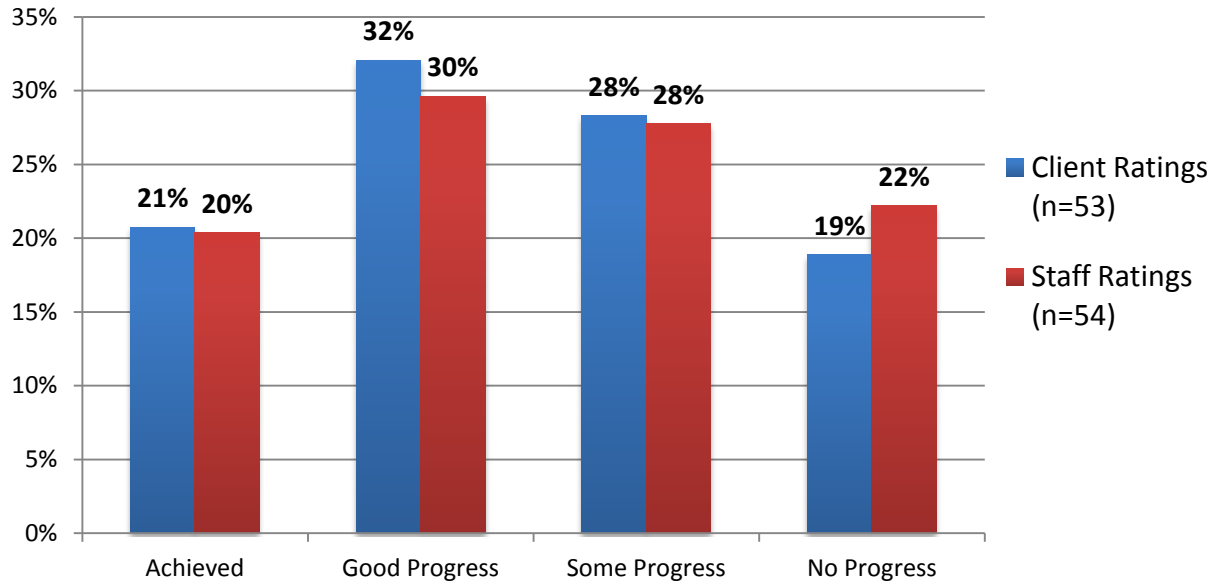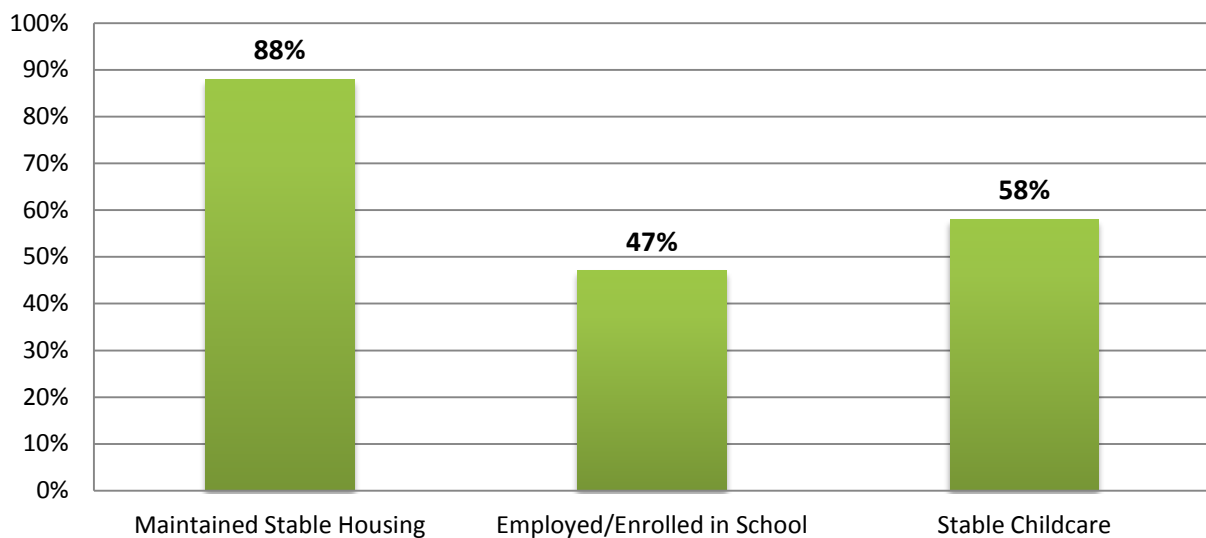

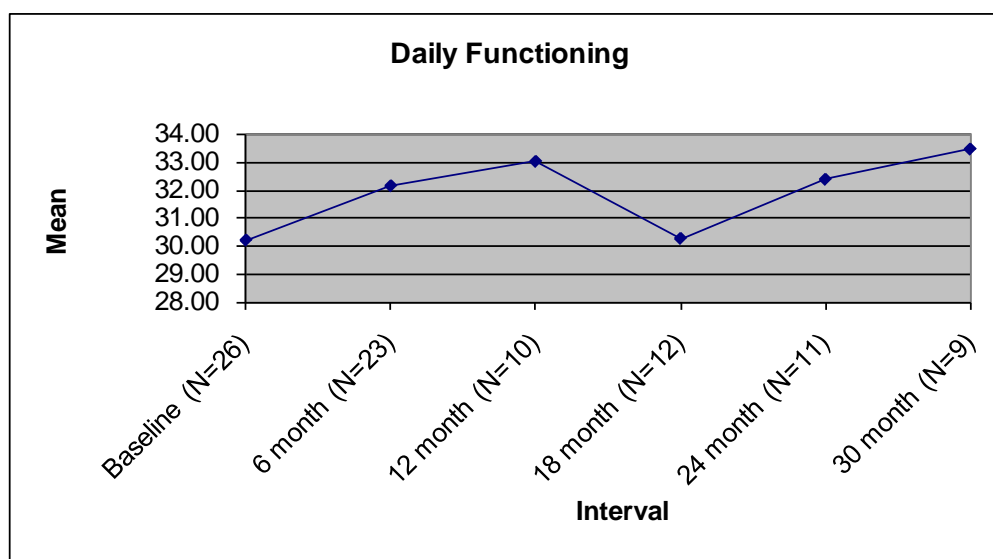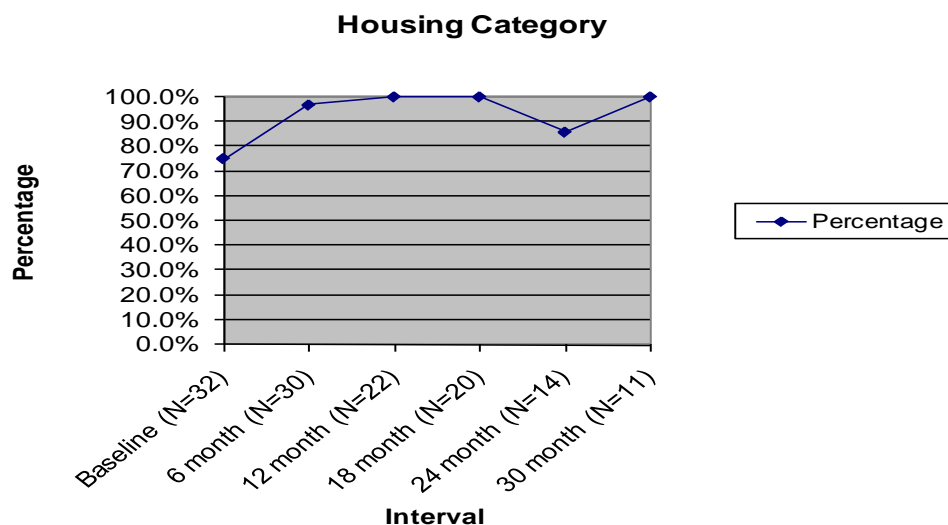**Chart 11.8: Weaver Gardens 12- month Follow-up (n=17)**

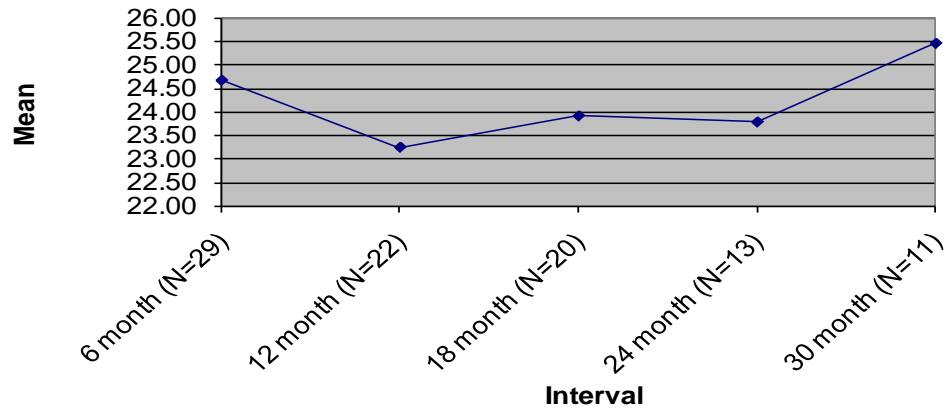### *Shelter-A-Family Program Evaluation Outcomes*

There are three data sources that inform the outcome evaluation: (a) Care Logic data; (b) Center for Mental Health Services (CMHS)-Transformation Accountability (TRAC) National Outcome Measures (NOMs) for Discretionary Programs; and (c) a structured evaluation interview, based on the Addiction Severity Index (ASI). Data re collected from clients every 6 months while in the program and follow the guidelines set forth by the NOMs. The outcomes measured in this evaluation include:

- Solidifying housing stability;
- Improving and managing their physical and mental health and sense of well-being;
- Reducing and eliminating their dependence on illegal and harmful substances;
- Increasing their academic, vocational, life and social skills, and income; Building a strong family and community support system; and
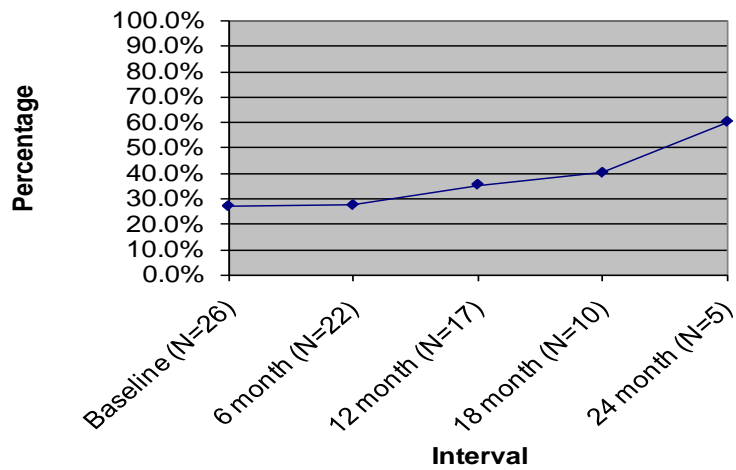- Achieving greater self-sufficiency.

The outcome evaluation results are as follows and are pulled directly from the evaluation report.
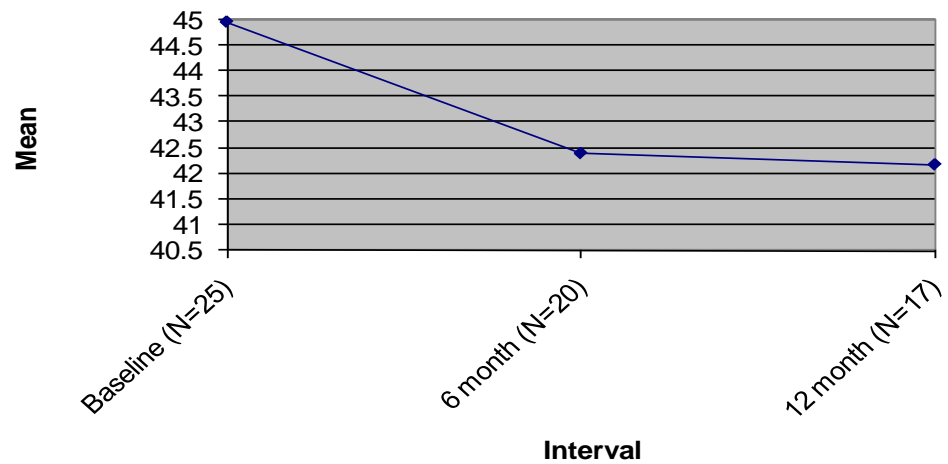
Housing Category
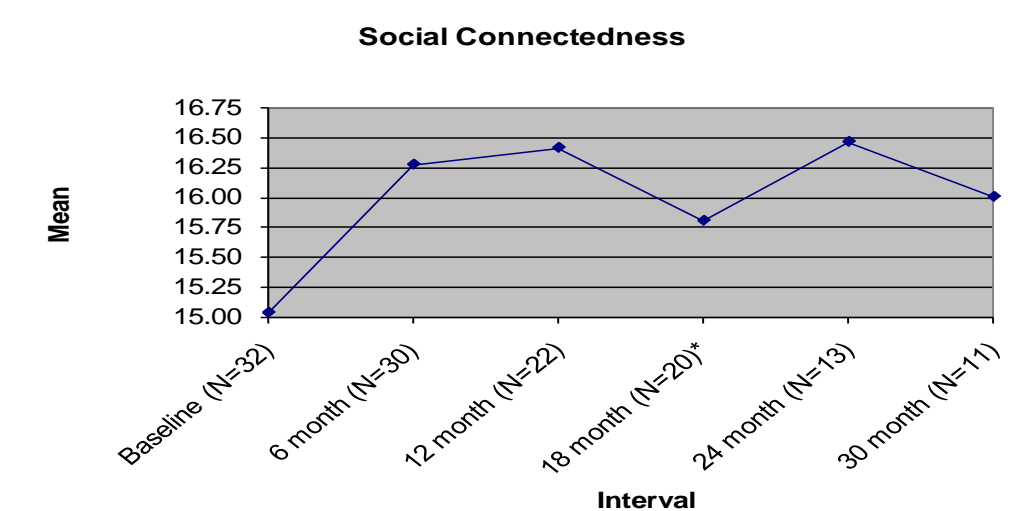

Daily Functioning

Emotional Functioning

Interference with Social Life

Child Well Being

0 Days of Problems
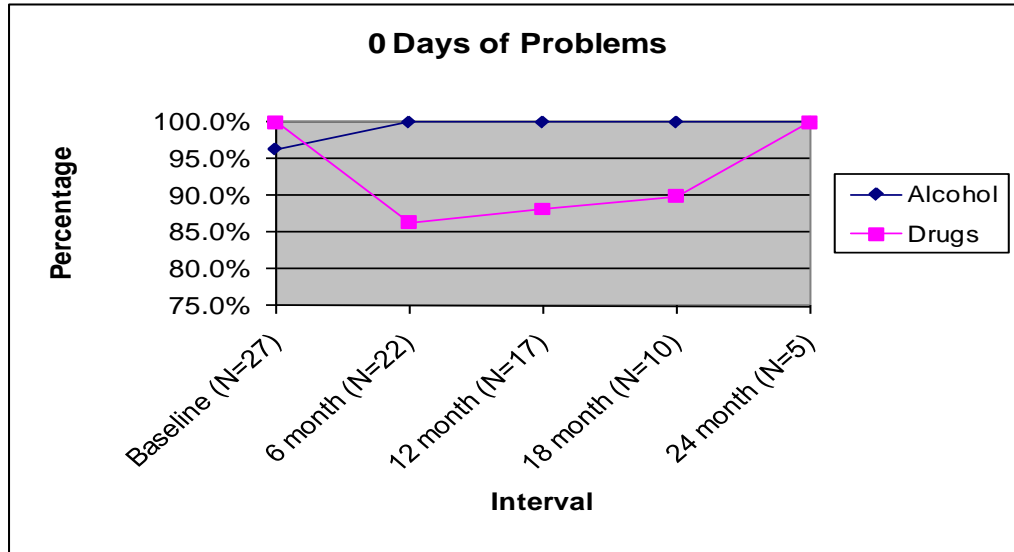

Not Enrolled in Academic, Vocational or Job Skills Program

Social Connectedness
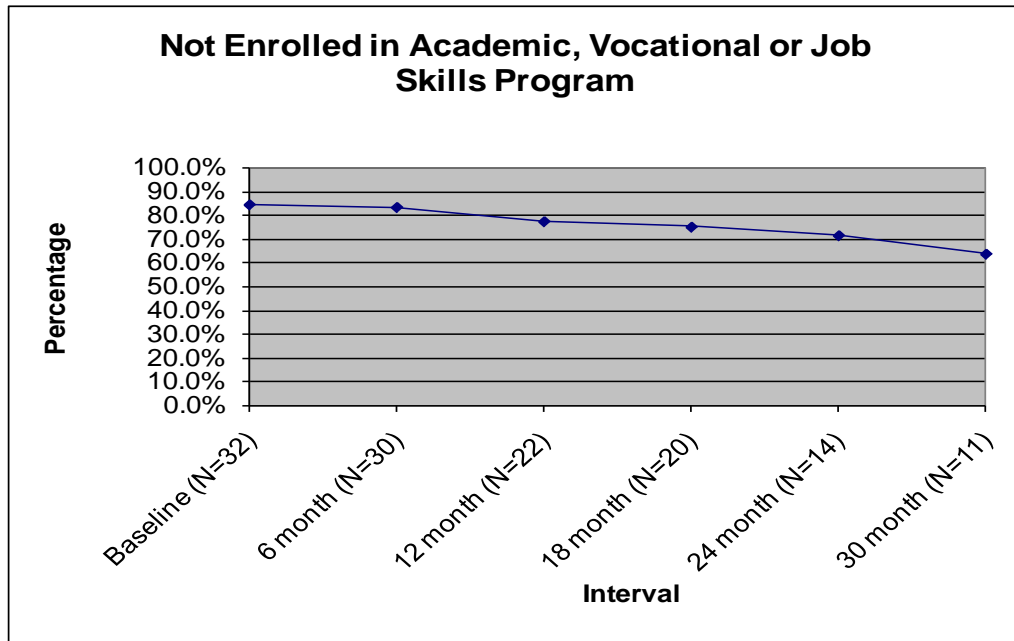
Transition and Supportive Housing Outcomes Summary and Improvement Initiatives

The Transitional and Supportive housing program had many successes in FY11-12. Ninety-six percent (96%) of clients enrolled in the program maintained stable housing for 90 days or longer and 77% maintained stable housing for more than one year. The majority of clients received entitlement benefits (69%) and 81% achieved or made progress on their treatment goals. Of those clients who exited the program, 76% successfully transitioned to stable, permanent housing and 88% of the clients contacted for follow-up in Weaver Gardens were still in stable, permanent housing after exiting the program.

One of the biggest challenges consistently facing our clients is securing steady employment. With the economic downturn, this has been increasingly difficult. In FY11-12, 25% of clients were employed and 46% were enrolled in an educational program. According to national statistics for persons with a disability[13], the employment rates are as low as 17.8% and as high as 41%. This range varies greatly depending on the specific disability. Additional barriers for our clients are the criminal backgrounds related to their substance use and addiction. To help address employment barriers for clients, Families First partners with the Fulton County Workforce Development program to help clients build job skills and obtain job placements. Additionally, partnerships with businesses are being explored to help clients find and maintain employment.

Currently, Weaver Gardens is our only transitional and supportive housing site that is consistently measuring long term outcomes (after exiting the program). In FY12-13, we would like to expand this practice to the other sites and gain more in-depth information and outcomes about the long term impact of our services in helping families achieve and sustain self-sufficiency.

The Shelter-A-Family outcome evaluation revealed over time that:
- Housing stability is generally being maintained over time;
- There is evidence of small increases in mental/physical health over time, but the trends are modest and only apply to the adults;
- There is less evidence of changes in child well-being over time;
- There are no clear patterns in changes of substance use behavior;
- There are clear increases in enrollment in academic, vocational, and job skills programs among clients in SAF;
- Patterns of social connectedness vary over time but not in clear and discernible ways.

---

[13]http://www.bls.gov/news.release/disabl.nr0.htm
http://disabilitycompendium.org/compendium-statistics/population-statistics-disability-type

In response to these results and the recommendations in the evaluation report, the following improvements have been implemented:

- Better tracking on drug screen results
- Examining ways to track child well-being improvements by family
- Implement better outcome measures for clients who exit the program

Community Support Services

Families First's Community Support Services (CSS) are designed to meet the current housing needs of the residents and property owners; promote self-sufficiency for clients; engage families as change agents and positive contributors to their communities; and build the foundation for the success of our clients' children through the promotion of safe, stable, nurturing homes to enable future generations to be self-sufficient. The program aims to promote the social, environmental and economic transformation of clients utilizing a participatory service delivery model to increase the clients' awareness of shared partnership and their ability to replicate their success in other areas of their lives. Families First provides services that are consumer driven and flexible through a comprehensive approach that ensures that the diverse needs of consumers are met in a culturally appropriate manner. Our goal is to end the cycle of poverty by looking at all human beings as part of a single community and recognizing that everyone deserves a chance to build a life worth living. As an integral aspect of its (CSS) Program, Families First incorporates a 6 core programming model of:

- Economic Self-Sufficiency/Asset Development
- Family Enrichment
- Civic Engagement
- Health and Wellness
- Social Initiatives
- Youth Development

In FY 11-12, Families First provided CSS services in all Columbia Residential Properties as well as residential case management and support services to residents at the Retreat at Edgewood and Alexandria Landing (formerly Cypress Glen). Services at the Retreat at Edgewood also include residential case management and community engagement work. As Families First engages in transformation in communities with families, the agency recognizes that the starting place must be the families and communities themselves. At the core of sustainable change, is the Agency's belief that people are the experts of their own communities and families.   Families First engages in collective actions to create meaningful change in local institutions and systems while

supporting the empowerment of the Edgewood residents to act on their own behalf. By doing so, the community gains a sense of its own power and a new way of "seeing and being" by participating in actions to create meaningful long term sustainable change.

Services provided at Alexandria Landing are part of The College Park Opportunity Zone, an initiative of The United Way of Greater Atlanta and The South Fulton Human Service aimed at creating opportunities for families to thrive. The Opportunity Zone is a partnership between EP-CAT, Families First and Tapestry Youth Ministries. The zone strategy is one that focuses on neighborhoods that can dramatically benefit if local services are coordinated, local leadership is mobilized and the assets in the community work together toward shared goals.

In FY11-12, the Community Support Services program served a total of **2,356** individuals. Services were provided to **2,025** residents in Columbia Residential Properties (excludes Retreat at Edgewood property); services were provided to **276** residents at the Retreat at Edgewood as well as other Edgewood community residents; and services were provided to **55** residents at the Alexandria Landing apartment complex (formerly named Cypress Glen), which is part of the College Park Opportunity Zone. For more demographic information, please see Table 12.1.

Table 12.1: Community Support Demographics (n=2356)

Gender	#	%
Male	669	28%
Female	1687	72%
Race	**#**	**%**
African-American	2280	97%
Asian	2	0%
Hispanic	11	1%
Caucasian	57	2%
Other	6	0%
Age	**#**	**%**
Age 0-5	192	8%
Age 6-11	358	15%
Age 12-17	163	7%
Age 18-25	99	4%
Age 26-36	178	8%
Age 37-46	125	5%
Age 47-59	201	9%
Age Over 60	1040	44%
County	**#**	**%**
Cobb	94	4%

Coweta	9	0%
DeKalb	465	20%
Douglas	7	0%
Fulton	1781	76%

Community Support Services Outputs

The Community Support Services program provides services through a variety of life skills and educational workshops; community building activities; and case management.   For service details, please see Chart 12.1 and 12.2.
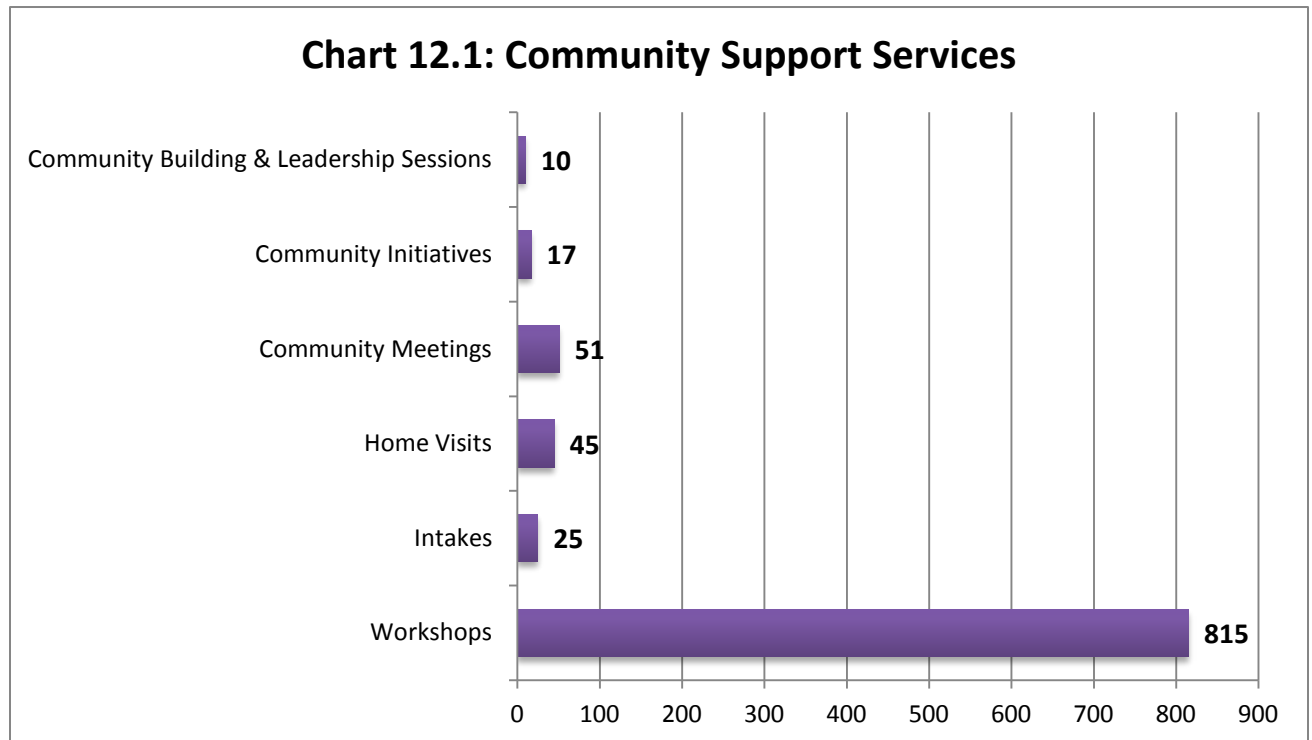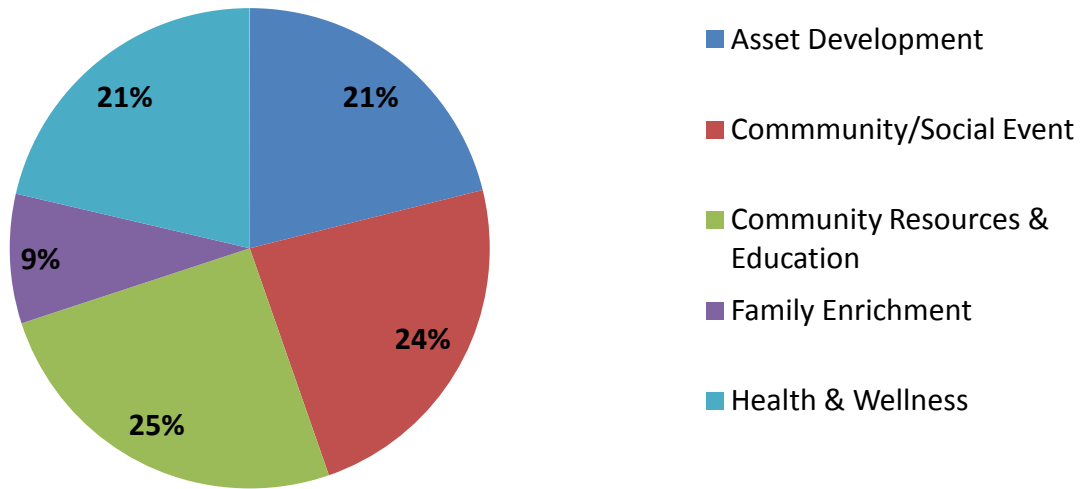

Chart 12.1: Community Support Services

Category	Value
Community Building & Leadership Sessions	10
Community Initiatives	17
Community Meetings	51
Home Visits	45
Intakes	25
Workshops	815

Chart 12.2: CSS Workshops (n=815)

- Asset Development
- Commmunity/Social Event
- Community Resources & Education
- Family Enrichment
- Health & Wellness

Community Support Services Outcomes

Community Support Services outcomes are assessed through Families First's CQI and outcomes measurement process. The services provided at the Retreat at Edgewood and the surrounding Edgewood community are externally evaluated by a contract evaluator from the School of Social Work in Georgia State University. Preliminary qualitative data from this evaluation are presented in this report; quantitative outcomes will be available in FY12-13. For outcomes, please see Table 12.2 and 12.3.

Table 12.2: Workshop Outcomes

Question	N	1 = Lowest	2	3	4 = Highest	Mean score
How helpful was today's workshop or event?	156	.6%(1)	5.8%(9)	26.9%(42)	66.7%(104)	3.60
How helpful was this event in helping you get connected to your community?	154	3.9%(6)	9.7%(15)	32.5%(50)	53.9%(83)	3.36

Question	N	1 = Lowest	2	3	4 = Highest	Mean score
How satisfied were you with today's workshop or event?	158	--	8.2%(13)	36.1%(57)	55.7%(88)	3.47
How likely is it that you will use the information you learned at this workshop?	151	4%(6)	9.9%(15)	31.8%(48)	54.3%(82)	3.36
How effective was the presenter of today's workshop or event?	158	.6%(1)	5.1%(8)	32.3%(51)	62%(98)	3.56
To what extent did you increase your awareness of community resources/information at today's workshop?	151	7.3%(11)	15.9%(24)	29.8%(45)	47%(71)	3.17

Table 12.3: Community/Social Event Outcomes

Question	N	1 = Lowest	2	3	4 = Highest	Mean score
How enjoyable was today's event for you and/or your family?	72	--	11.1% (8)	41.7% (30)	47.2% (34)	3.16
How helpful was today's event in helping you to get to know your neighbors?	69	2.9% (2)	15.9% (11)	40.6% (28)	40.6% (28)	3.37
How helpful was this event in helping you get connected to your community?	68	10.3% (7)	23.5% (16)	26.5% (18)	39.7% (27)	3.57
How satisfied were you with this event's activities?	71	1.4% (1)	15.5% (11)	33.8% (24)	49.3% (35)	3.51

Edgewood Community Stakeholder Evaluation Results

In August 2012, a focus group was conducted and an online survey was disseminated to Edgewood community stakeholders to obtain their opinion about the CSS program, including: how they believed the program has impacted their respective organizations, the community and residents as a whole, the benefits the program provides and areas they felt could be improved. A few key findings are outlined below; the full report is available upon request.

- Participants stated that Families First staff (Community Support Liaisons) are interacting with community stakeholders in the following ways:
  - Serving on advisory boards
  - Facilitating partnerships/collaborations (e.g., Retreat at Edgewood, community initiatives, events)
  - Facilitating the Edgewood Community Resource Committee, which is comprised of representatives from other non-profits, school, churches, local businesses, and community residents
  - Making connections through the schools in the neighborhood
  - Providing support, resources, and information to community organizations and residents
- Several participants felt that Families First's staff helped them become ***more engaged and informed members of the Edgewood community***. They emphasized the value of ***Families First staff's communication, organizational and networking efforts.***
- Several participants felt that the Families First program enhanced community engagement among Retreat and Edgewood residents ***through community events and initiatives, as well as information sharing.***
- Several participants felt that the Families First program ***provided valuable information*** to residents moving into the Retreat and Edgewood community ***to help them get settled and better access community resources***
- Several participants felt that the program could ***improve the engagement of Edgewood residents, making connections among Retreat and Edgewood residents, as well as among youth and adults***
- Several participants also felt that it was important to ***continue to improve communication and networking in the community***, including ensuring that there was no overlap in meetings, providing alternatives to in person meetings, as well as better informing people about Families First's services available and Families First's future plans in the Edgewood community.

- A few participants also suggested ***expanding the work of Families First*** in the Edgewood community as well as other neighborhoods
- Participants were asked to "name one thing that you believe the program has had the most impact on". The following words were used to describe the impact of Families First's CSS Program and staff:
  - Unity
  - Commitment
  - Loyalty
  - Dignity
  - Providing resources
  - Community connections among organizations/stakeholders
  - Bringing the community leaders together
  - Organization and relationship building
  - Getting involved with community partners

Community Support Services Outcomes Summary and Improvement Initiatives

In FY11-12, the Community Support Services program expanded into two (2) new properties, Retreat at Edgewood and Alexandria Landing, and included the addition of case management services and community engagement activities to the existing workshops. Detailed outcomes related to these new CSS services will be available in FY12-13. Overall, 93.6% of participants found the workshops to be helpful ($\bar{x}$ = 3.6 out of 4) and 86.1% report that they will use the information learned in the workshop ($\bar{x}$ = 3.36 out of 4). Qualitative data suggests that the community engagement work in the Edgewood community has had a significant impact on the community, especially in terms of organizing community events and resources as well as information sharing.

The Community Support Services program poses unique challenges since a large portion of the services are workshops in individual communities. First, attendance at the workshops offered varies greatly depending on location and topic. Secondly, for those workshops where the attendance was good, the response rate on the post workshop surveys was still very low. Given these challenges, we continue to question and look for new ways to understand the impact of the workshops. To address these challenges, we conducted a focus group with residents to better understand the barriers to workshop attendance. In response to the feedback, we diversified our workshop "menu" and now involve residents in the workshop started letting residents choose which ones they would like to see conducted in their community. In late FY12-13/early FY13-14, we plan to conduct focus groups in other communities we serve and

possibly interviews with residents in our quest to improve services and to understand the impact from their perspective.

Ways to Work (WtW)

Ways to Work is a unique Community Development Financial Institution (CDFI) that provides small, short-term, low-interest loans to working poor families with challenging credit histories. CDFI operates through a national network of loan offices headquartered in Milwaukee, Wisconsin. Ways to Work is an alternative to predatory lenders for people with a demonstrated commitment to achieving increased self-sufficiency and intent on achieving a higher level of participation in mainstream financial markets.

All Ways to Work loans are used to help individuals remain in or advance in their employment. The loans are made for the purchase of modestly priced used vehicles. Besides stabilization or improvement in their employment situations, clients also find that the Ways to Work program increases their financial literacy, leads to better credit rating, heightened their sense of self-esteem, and for those obtaining a vehicle, brought about a significant improvement in their family's quality of life.

In FY11-12, Ways to Work served **680** individuals. For the demographics served, please see Table 13.1.

Table 13.1: Ways to Work Demographics (n=680)

Gender	#	%
Male	265	39%
Female	415	61%
Race	**#**	**%**
African-American	659	97%
Caucasian	19	3%
Other	2	0%
Age	**#**	**%**
Age 0-5	122	18%
Age 6-11	139	20%
Age 12-17	155	23%
Age 18-25	60	9%
Age 26-36	99	15%
Age 37-46	83	12%
Age 47-59	20	3%
Age Over 60	2	0%

County	#	%
Butts	5	1%
Clayton	56	8%
Cobb	52	7%
Coweta	41	6%
DeKalb	20	3%
Douglas	39	6%
Fayette	3	0%
Fulton	408	60%
Gwinnett	5	1%
Henry	40	6%
Paulding	0	0%
Rockdale	0	0%
Unknown	5	1%
Outside of metro area	6	1%
Income Level	**#**	**%**
Below 200% of Poverty Level	615	90%
Above 200% of Poverty Level	65	10%

Ways to Work Outputs

Consistent with the Ways to Work national model, clients contact the Ways to Work program staff to schedule an appointment to review the program eligibility requirements, which include income and credit checks. If eligible, clients complete a loan application, which is submitted to a loan committee (comprised of volunteer professionals in banking, accounting, and dealership finance/operations) for consideration and approval. Ways to Work program staff work with clients to establish a budget for making loan payments and guide clients through financial literacy training. If the loan application is approved by the loan committee the loan application is forwarded to Ways to Work National and clients receive their car loan to purchase their vehicle. Case management services are provided to clients throughout the life of the loan. For services provided, please see Chart 13.1.

Chart 13.1: Ways to Work Services Provided

Category	Value
Case Management Activities	221
Case Related Activity	156
Client Interview	76
Credit Report	68
Financial Literacy Group	139
Loan Related Activities	107
Program Overview Contact	3
Voluntary Withdrawl	4
Ways to Work Program Overview	8

Chart 13.2: Case Management Activities (n=221)

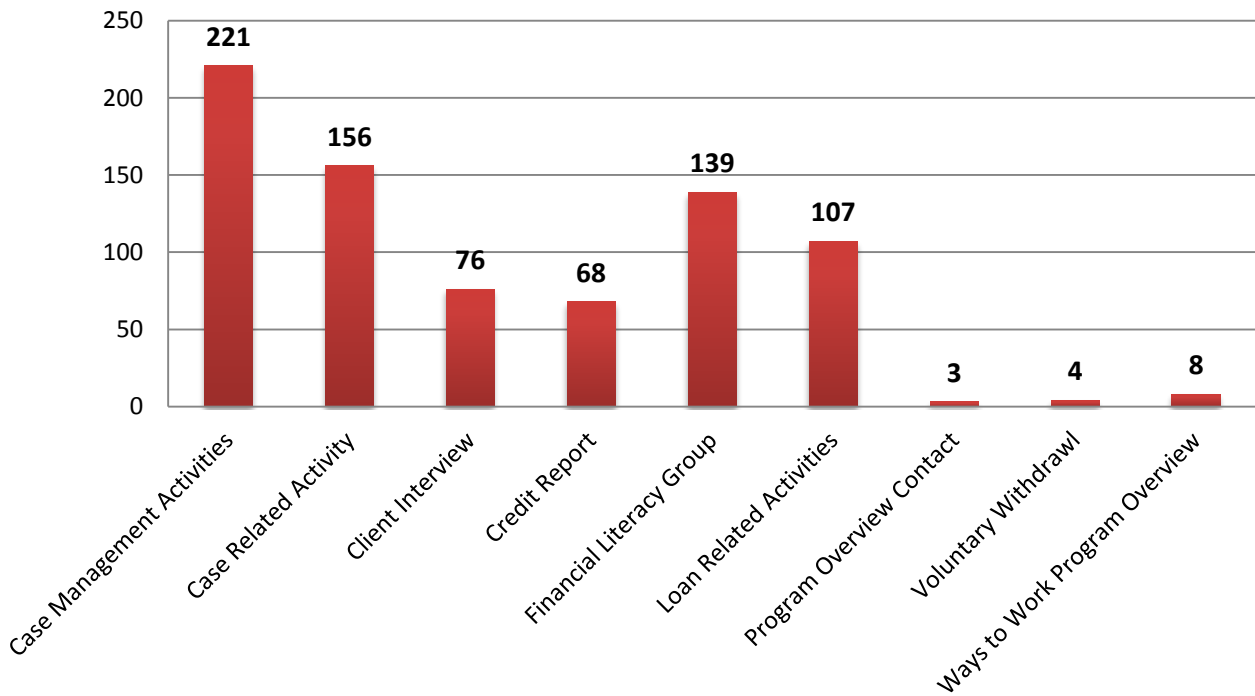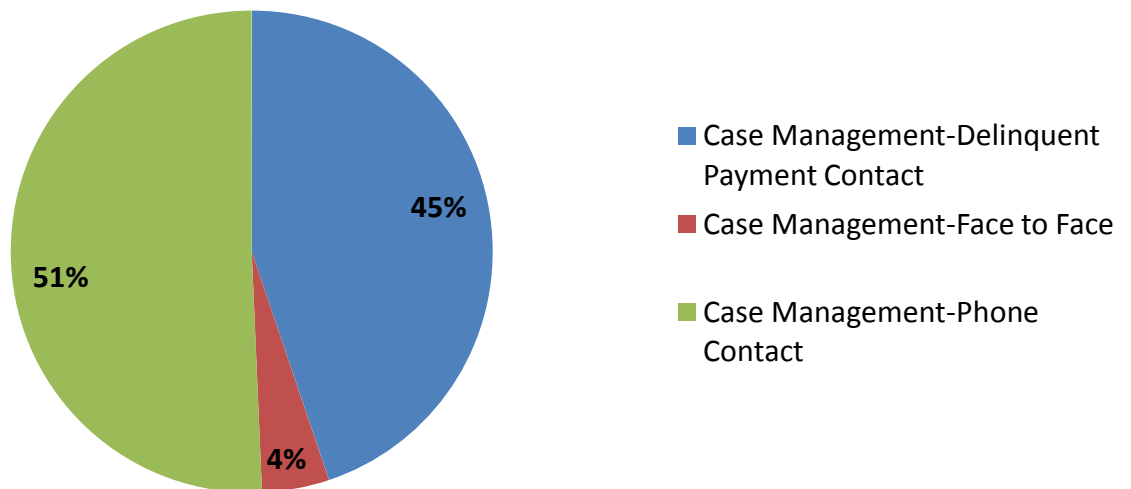- Case Management-Delinquent Payment Contact: 45%
- Case Management-Face to Face: 4%
- Case Management-Phone Contact: 51%

Ways to Work Outcomes

Ways to Work outcomes are focused on increasing self-sufficiency and include: increasing financial literacy and client's income; improving client credit scores; and increased client's participation in his/her child's activities. The Ways to Work program also seeks to reduce client transit times and reliance on public benefits. Outcomes are measured through two systems: (1) Families First's CQI outcome measurement process; and (2) an internal process and outcome evaluation plan. For all of the outcomes, please see Tables 13.2 – 13.4 and Chart 13.3.

Table 13.2: Financial Literacy

*The higher score is better and improvement is measured by an **increase** from the pre to post mean score*	N	Pre Mean score	Post Mean Score	p value *(probability the improvements were due to chance)* **Asterisks indicate statistically significant improvements**
Financial Literacy Pre-Post Scores	166	12.58	15.25	.001***

p< 0.05*   **p<0.01****   **p<0.001*****   *ns = not significant*

	N	Pre-Post Difference Mean score	Percent of Increase	Percent of people who improved
Difference Between Pre and Post Scores	166	2.67	21.22%	74.7%

Chart 13.3: Ways to Work: Loan Outcomes (n=107)

- Loan Approved — 42%
- Loan Closed — 34%
- Loan Deferred — 8%
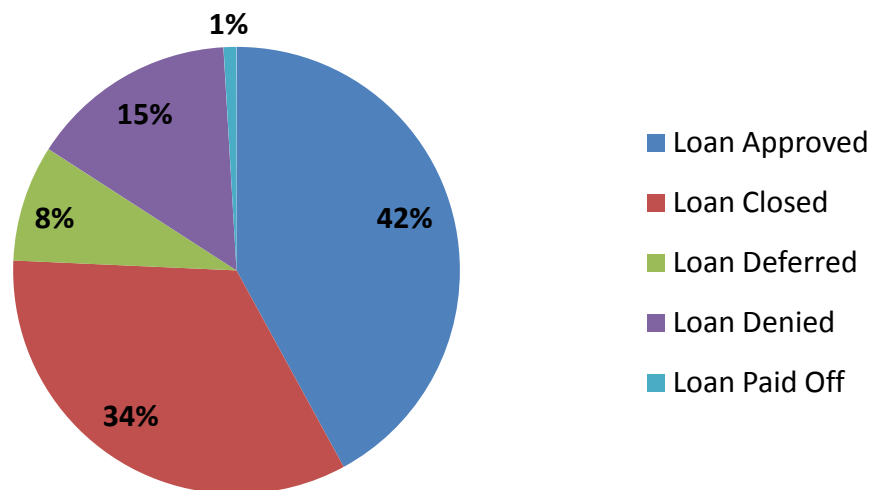- Loan Denied — 15%
- Loan Paid Off — 1%

Table 13.3: Financial and Transit Time Outcomes

	N	Pre Mean score	Post Mean Score	p value *(probability the improvements were due to chance)* **Asterisks indicate statistically significant improvements**
Time in transit	6	**11**	**4**	.106ns
Time missed from work	5	19	8	.501ns
Monthly Gross Income (with unemployed)	7	$1989.71	$1896.57	N/A
Monthly Gross Income (without unemployed)	6	$1960.17	$2212.67	N/A

p< 0.05*   p<0.01**   p<0.001***   ns = not significant

Difference between pre and post values	N	Pre-Post Difference Mean score	Percent of Increase	Percent of people who improved
Time in transit	6	**7.0**	63.64%	66.67%
Time missed from work	5	11.0	57.89%	60%
Monthly Gross Income (with unemployed)	7	-$93.14	-4.7%	57.15%
Monthly Gross Income (without unemployed)	6	$252.5	12.9%	66.67%

Table 13.4: Social Impact

Question-*the higher score is better and improvement is measured by an **increase** from the pre to post mean score*	N	Pre Mean score	Post Mean Score	p value *(probability the improvements were due to chance)* **Asterisks indicate statistically significant improvements**	Percent of people who demonstrated improvement
1.I am able to access the best school possible for my child	7	2.57	4.86	.015*	71.4%
2.My child is able to participate in afterschool activities	8	2.38	4.88	.002**	87.5%
3.I am able to access my healthcare provider easily	8	2.0	4.88	<.001***	100%
4.My child is able to participate in sports and/or other recreational activities	8	2.25	4.88	.002**	87.5%
5.If applicable, my teen is able to access work	1	5	5	--	--
6.I am able to participate in events at my child's school	8	2.25	4.75	.002**	87.5%
7.I am able to easily access	7	2	4.86	.003**	85.7%

events at my church					
8.I am able to easily access events in my community	8	2.38	4.88	.002**	87.5%
9.I am able to easily access family members/extended family	8	2.25	4.63	.01*	75%
10.I do not have access to good shopping options for my family	7	2.57	4.14	.199ns	85.7%
11.I feel that I do not have access to a wide range of affordable housing options	8	2.5	4	.096 *promising*	87.5%
12.I feel safe in my day to day commute	7	3.14	4.29	.139ns	71.4%
13.I am able to participate in family events/outings	8	1.88	4.38	.01*	87.5%
I4.I feel I have reliable transportation	8	1.88	4.88	.001**	87.5%
15.I am able to get to work on time everyday	8	2.75	4.88	.008**	87.5%

p< 0.05*   *p<0.01***   *p<0.001****   *ns = not significant*

Ways to Work Outcomes Summary and Improvement Initiatives

FY11-12 was the first full year of services in our Ways to Work program, which had many successes in this first year. Over 74% of financial literacy participants improved their knowledge (p<.001) and thirty-six (36) loans were closed.   Outcomes were collected on participants who made it to their 6 month post loan entry point and the results were very encouraging: more than half of the participants reported decreases in transit times (66.67%), time missed from work (60%), and increased income (57.15%). Additionally, those participants indicated statistically significant changes in their access to resources as well as increased ability to participate in their child's lives. Even though our results are based on improvements at 6 months post loan entry, they are comparable to the Ways to Work national results, which are measured at the end of the loan (2 years). The Ways to Work national evaluation found that 87% of participants decreased transit time; 44% increased income; and 93% improved quality of life[14].

---

[14] http://www.waystowork.org/docs/evaluations/2011EvalReport.pdf